HEALTH STATUS AND HEALTH CARE SEEKING BEHAVIOUR OF ELDERLY IN A RURAL AREA OF LUDHIANA: A COMMUNITY BASED STUDY

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BY

DR. PRABHLEEN KAUR

SUPERVISOR

DR. SANGEETA GIRDHAR

DEPARTMENT OF COMMUNITY MEDICINE
DAYANAND MEDICAL COLLEGE AND HOSPITAL
LUDHIANA
(MAY, 2021)

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I declare that the thesis entitled "**Health status and health care seeking behaviour of elderly in a rural area of Ludhiana: a community based study"** has been prepared by me under the guidance of **Dr. Sangeeta Girdhar**, Professor of Community Medicine, Dayanand Medical College & Hospital, Ludhiana. No part of this thesis has formed the basis for the award of any degree previously.

Dr.Prabhleen Kaur
Department of Community Medicine,
Dayanand Medical College & Hospital,
Tagore Nagar,
Ludhiana- 141001
Punjab

Date:

CERTIFICATE

I certify that **Dr. Prabhleen Kaur** has prepared her thesisentitled "**Health status and health care seeking behaviour of elderly in a rural area of Ludhiana: a community based study"**, for the award of M.D. Community Medicine degree of the Baba Farid University of Health Sciences, under my guidance.She has carried out the work at the Department of Community Medicine, Dayanand Medical College & Hospital, Ludhiana.

Supervisor

Dr. Sangeeta Girdhar
Professor
Department of Community Medicine,
Dayanand Medical College & Hospital,
Ludhiana

Date:

ENDORSEMENT BY THE HEAD OF THE DEPARTMENT AND PRINCIPAL

This is to certify that the thesis entitled "**Health status and health care seeking behaviour of elderly in a rural area of Ludhiana: a community based study"** is a bonafide research work done by Dr.Prabhleen Kaur under the guidance of **Dr. Sangeeta Girdhar**, Professor,Department of Community Medicine,Dayanand Medical College & Hospital, Ludhiana.

Head of Department **Principal**

Dr. Anurag Chaudhary
Professor and Head
Department of Community Medicine,
DMCH, Ludhiana

Dr. Sandeep Puri
Principal
DMCH, Ludhiana.

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Dr. Prabhleen Kaur
Department of Community Medicine,
Dayanand Medical College & Hospital,
Tagore Nagar,
Ludhiana- 141001
Punjab

Date:

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ABBREVIATIONS

BKPAI	Building a Knowledge Base on Population Ageing in India
BMI	Body Mass Index
NPOP	National Policy for Older Persons
NSDUH	National Survey on Drug Use and Health
NSS	National Sample Survey
OOPE	Out of Pocket Expenditure
QOL	Quality of Life
RHTC	Rural health training centre
SAGE	Study on global ageing and adult health
WHO	World Health Organisation
WHR	Waist Hip Ratio

ABSTRACT

Introduction: Ageing is a multidimensional, inevitable and irreversible phenomenon. As a result of increased survival rate and life expectancy, decrease in fertility and mortality there is rise in geriatric population worldwide. Due to age related changes, elderly are prone to many physical, mental and social problems. Multimorbidity in older age influences their health care utilization. Socio-demographic factors and health problems affect their quality of life.

Aim of the study: To study the physical, mental and social health status, health care seeking behaviour of elderly and to assess the awareness and utilization of health insurance schemes by them.

Materials & methods: A community based cross sectional study was done in elderly residing in 15 villages in the field practice area of Department of Community Medicine, Dayanand medical college and Hopsital, Ludhiana. A total of 425 elderly subjects were selected using systematic random sampling technique. The study was conducted from March 2019 to Feb 2020. Physical morbidities were enquired form elderly, mental status was assessed using mental status questionnaire and depression was assessed using Geriatric Depression Scale-Short Form. The social health of elderly was assessed through a questionnaire on social support. They were interviewed for various types of abuse. The health care seeking behaviour and awareness health insurance was assessed using a pretested questionnaire. The quality of life of the subjects was also assessed using PGI Quality of life scale.

Statistical Analysis: Data was described in terms of mean ± standard deviation (± SD), frequencies and relative frequencies (percentages) as appropriate. For comparing categorical data, Chi square ($\chi 2$) test was performed. Multiple binary logistic regression was also used in the study.

All statistical calculations were done using SPSS (Statistical Package for the Social Science) 26.

Results: Of total 425 subjects, 46.1% were in age group of 60-69 years and 37.4% in 70-79 years of age group. Females (52.5%) outnumbered males (47.5%) in the study. The most common self reported morbidity among the subjects was hypertension (48.9%) followed by hearing impairment (42.4%) and arthritis (40.0%). Coronary artery disease was present in 21.6% and diabetes in 21.4% of the subjects. The mental status of 98.8 % of the subjects was good/fair. Nearly 43% subjects had depression. On multivariate binary logistic regression, nuclear family, low socio-economic status and no involvement in decision making in the family were independent risk factors of depression in the study subjects.Almost allthe subjects had physical (98.6%) and emotional (98.8%) support from family members/neighbours/friends. Elder abuse was reported by 28.2% subjects. Allopathic form of medicine is preferred by maximum subjects.Government health care facility was preferred by 64% of the subjects during illness.Awareness regarding health insurance was present in 44.7% of the subjects.Excellent/good quality of life was perceived by 66.6% of the subjects.

Conclusion: Comprehensive health care services need to be provided to the elderly population. Periodic screening of elderly for various physical and mental illness should be done.

Keywords: Health status, health care seeking behaviour, elderly

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INTRODUCTION

World Health Organisation defines healthy ageing as the process of developing and maintaining the functional ability that enables wellbeing in older age.[1] Ageing is a universal, inevitable and irreversible process occurring during life time. Ageing is a multidimensional process of physical, mental and social changes[2] National Policy for Older Persons (NPOP) 1999 in India recognizes elderly /senior citizen as an individual having age equal to more than 60 years.[3]

Geriatric population is growing at a faster pace. Ageing of population is a global phenomenon.[4] The shift in distribution of a country's population towards older age is known as population ageing.[5]The proportion of senior citizens has grown from 6% in 1990 to 9 % in 2019 worldwide and is estimated to increase further to 16 % in 2050.The number of older persons is projected to cross 1.5 billion over next three decades. Persons aged 80 years or over is projected to triple, from 143 million in 2019 to 426 million in 2050.[4]

The shift in the population age structure was first witnessed in developed countries but now the low and middle-income countries are undergoing this change.

Projections have estimated that Eastern and South-Eastern Asia is going to experience the largest increase in the number of older persons. However, Northern Africa and Western Asia followed by sub-Saharan Africa will be seeing rapid most rise in the older population. On the contrary, the increase in geriatric population is expected to be relatively small in regions like Australia, New Zealand, Europe and North America as the population in these regions is already significantly older than in other parts of the world.[4]

According to Elderly in India report (2016), elderly constitutes about 8.5% of the total population with 71% living in rural area.[6] The share of population over the age of 60 years is projected to increase from 8 percent in 2015 to

19 percent in 2050. According to India Ageing report 2017, the southern states along with Himachal Pradesh, Maharashtra, Odisha and Punjab are the front runners in population ageing with highest geriatric population in Kerala (12.3%) and lowest in Assam (6.5%). Elderly constitutes about 9.7% of the total population in Punjab and out of them, approximately two-third reside in rural Punjab. Various states of India are undergoing demographic transition at different rates hence there is variation in the age structure of populations.[7]

Increase in life expectancy and changes in the demography such as decrease in mortality and fertility are the key elements for the exponential rise in aged population.[7]Life expectancy is increasing rapidly in high income countries as compared to lower income countries. World population prospects: 2019 reports that life expectancy at birth is anticipated to rise from 72.6 years in 2019 to 77.1 years in 2050.[8]

Increased life expectancy makes elderly vulnerable to various physical, mental and social health problems. Old age is marked by reduced physical ability and declining mental capability. Cellular degeneration prompts gradual decrease in physiological reserves thereby soaring up the incidence of diseases and a decline in the intrinsic capacity of the individual altering their functional ability. Risk of chronic disease is markedly higher in this age. The non -communicable diseases are major cause of death in geriatric age group worldwide. Low and middle income countries are bearing dual burden of both non-communicable and communicable diseases. Common chronic conditions in old age are include hearing loss, cataracts and refractive errors, back and neck pain and osteoarthritis, diabetes, hypertension, heart diseases, chronic obstructive pulmonary disease, depression, and dementia. Furthermore, as people age, they are more likely to experience several health problems concurrently known as multimorbidity.[9] Chronic diseases are the leading cause of death among elderly in India which has increased over 25 years. Neurosensory

impairment and musculoskeletal disorders bear major burden of disability in this age group. The changes in bone profile and joints increases risk of falls and fracture and disability among them. Ageing takes toll on immunity of an individual. Infectious diseases are not uncommon and another cause of mortality among elderly in India.[9]This is compounded by another category of health conditions called geriatric syndrome which includes frailty, urinary incontinence, delirium and pressure ulcers.[5]

Older people have to deal not only with physical ageing but also with the challenges posed to their mental health. WHO defines mental health as “a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community”.[10]The prevalence of mental and psychiatric disorders increases with age. As per WHO, approximately 15 % of the older population suffered from a mental disorder in 2017.[11]

Subthreshold depression is a major risk factor for a depressive disorder and 1 in 10 older adults suffer from it. Migration of younger population to urban areas leads to fragmentation of joint families leaving behind their old parents. Changes in family dynamics, inadequate social support, adverse life events like loss of partners and friends along with chronic diseases and limitation of daily activities enhances the risk of development of psychiatric illness. Anxiety, cognitive impairment, dementia and psychotic disorders are other mental health problems encountered by elderly. Anxiety disorders and depression often occur together. About 13% of older people with an anxiety disorder also have a depressive disorder, and 36% of older people with depression have a coexisting anxiety disorder[9]. According to National Mental Health Survey (2015) the prevalence of mood disorders among 60 years of age and more in India is 3.65%.[12]

Older adults are at risk of cognitive impairment especially loss of memory occurring due to age related neuronal degeneration. The patients with

hearing loss are often mistaken for mental inadequacy or cognitive impairment.[9]

Social well being is equally vital in determining the overall health of an individual. Determinants of social health are social environment, participation in community, relationships within the family and outside, their participation/involvement in social gatherings and social interactions. Family and society forms pillar of social support for an individual.

Old people get physically, emotionally and economically dependent on their families. The old age dependency ratio in India currently stands at 14.2% and is expected to rise.[13] Because of dependency, elderly are often neglected and abused. As per WHO, Elder abuse is a single act or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person. Elder abuse takes many forms like physical, emotional/psychological, sexual and financial. There is likelihood of under reporting of the cases as old people are scared to report abuse. With increase in geriatric population, elder abuse will rise worldwide. Abuse affect their physical and psychosocial health.[14]A study by Help age India 2015 shows about half of the geriatric population in the country face some form of abuse, more in case of women than men.[15] The risk factors for abuse are: poor mental and physical health of victim, fights over inheritance, land and properties issues or care dependency. They are considered burden by care-givers and are often abused and neglected. To combat with this issue UN general assembly has designated 15th June as world elder abuse awareness day.[16]

With the increase in life expectancy, quality of life of elderly has been a concern. WHO defines quality of life as “an individual’s perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations and concerns”. Six domains of quality of life are Physical health, Psychological health, level *of* independence, social relations, environment and spirituality/personal

beliefs. During senescence, older people suffer from multimorbidity, chronic pain and discomfort, disturbed sleep and inadequate rest which affect their physical domain of quality of life. Their self-esteem, autonomy, memory, positive and negative thoughts influences their quality of life through psychological domain. Level of independence encompasses their limitation to activities of daily living and mobility, care dependency on others, dependence on medications and treatment. Elderly who have good personal and social relations, good social support, social security and are involved in recreational activities tend to have good quality of life. Therefore, overall health, education, socio-economic status, family, environment, social security during old age determines quality of life.[17]

The health outcome of an individual is indirectly indicative of health care utilization and health care seeking behaviour among them. This behaviour depends on factors like total income, level of education, socio-economic status, living arrangement, awareness regarding health, availability, accessibility and affordability of health services, quality of health services delivered, type and severity of illness, pre-existing beliefs, preference to some form of medicine, dependency on others, self-medication tendency, compliance to medication and awareness regarding health insurance schemes and its utilization. Delay in seeking health care can lead to irreversible consequences on health. The mental disorders are less commonly consulted for treatment because of lack of acceptance, ignorance and fear of stigmatisation.

Factors like lack of financial support, decreased or minimal utilization of health insurance, presence of multimorbidity and high rate of hospitalisation during old age results in out of pocket expenditure on health by elderly. Elderly may or may not have a fixed source of income. This starts a vicious cycle and pushes them into poverty. Senior citizens belonging to lower socio-economic status have to live in poor health. India ageing report 2017 states that awareness and use of health insurance policy offered by

government is negligible among geriatric population in India.[7] Availing Health insurance schemes can reduce the financial burden and increase utilization of health care services.

Senior citizens are the essential segment of the society and have an important role imparting their wisdom. They also act as shock absorber in the family. Therefore, they need to be taken care as Sir James Sterling Ross rightly said “You do not heal old age, you protect it, you promote it and you extend it”. But the physical and mental morbidities are on rise in this age group. Elderly residing in rural area have lesser knowledge of health and disease, health care services and are new to the concept of health insurance. Hence, this study was planned to find out various physical, mental and social problems among elderly in rural area and study their health care seeking behaviour.

AIMS AND OBJECTIVES OF THE STUDY

1. To study the physical, mental and social health status of elderly in a rural area of Ludhiana, Punjab
2. To study the health care seeking behaviour of elderly
3. To assess the awareness and utilization of health insurance schemes by elderly.

REVIEW OF LITERATURE

Geriatric age group is the fastest growing age group in the world, as stated in India ageing report 2017.[7] Ageing of population is occurring at an alarming rate. According to World Population Prospects:2019, one in eleven people in the world were aged more than 65 years and this will rise to one in six by year 2050[8]while in Indian scenario it is estimated that by the end of the century, the elderly will represent nearly 34%of the entire population.[7]

Elderly constitute around 9.1% of total global population. Developed countries have higher percentage of older population. The fastest ageing country is Japan constituting 28% of elderly followed by Italy and Germany constituting 23% and 22% of elderly. Other European countries like Finland, Greece, Hungary, Netherlands, Sweden and UK constitute around 19-22% of aged population. The population of 65 years and more in United states of America is 16 % of total population.[18]

Better survival rate and increased life expectancy thereby declining mortality rates and declining fertility rates is responsible for this changing scenario.

The rise in aged population is not limited to developed countries but is also seen in developing countries. As per census 2011, population of elderly in India is 103.9 million.[6] There has been an increase in life expectancy at 60 years of age. It has risen from 14 years in 1970-1975 to 18 years in 2010-2014. Highest life expectancy at the age of 60 years has been shown by Jammu & Kashmir, Delhi and Punjab. All the Indian states have shown life expectancy at 60 years of more than 15 years except Chhattisgarh indicating substantial improvement in life expectancy in India.[7]

Demographic transition occurring due to increase in aged population has resulted in broadening of the apex of population-age pyramid of India. The old age dependency ratio is increasing consequently. The overall old-age

dependency ratio shows that there are over 14 elderly per 100 working age population, however it is variable across the states. Kerala has the highest old age dependency ratio. States like Goa, Punjab, Himachal Pradesh, Tamil Nadu, Maharashtra, Odisha and Andhra Pradesh have old age dependency ratio higher than 15 while it is less than 10 in Arunachal Pradesh, Meghalaya, Nagaland and Chandigarh.[7]

Geriatric age group is a vulnerable age group which requires special attention. The determinants of health are severely affected in this age group. Cellular degradation affects all the systems of the body thereby making aged people vulnerable to environmental changes and at risk of disease and death.

Review of literature for the present study has been presented under following sections.

- Socio-demography
- Physical morbidities
- Nutrition
- Depression among elderly
- Social support and social participation
- Elder Abuse
- Health care seeking behaviour
- Health insurance
- Quality of life

Socio-demography

Age

Most of the developed countries have accepted the chronological age of 65 years as a definition of 'elderly' or older person but UN agreed to cut-off of 60+ years for older population.[19]

Report on State of elderly in India (2014) classifies elderly in the age group of 60-79 years as “Young old” while those aged 80 years or above as “Oldest Old” in a report.

Among the elderly group as whole, the highest number of elderly are seen among 60-69 years followed by 70-79 years and least in age group of 80 years or above. Report on state of elderly (2014) shows that 68.9 million elderly are in age group of 60-69 years, 35.8 million in 70-79 years and least (13.2 million) in age group of 80 years and above. However, the oldest -old age group is the fastest growing segment which will lead to the phenomenon of “ageing of aged” in 22ndcentury.[15]

In India, Shashidhar *et al* (2018) conducted comprehensive geriatric assessment in Bangalore[20] and Boyanagri *et al* (2018) assessed nutritional status of elderly in South India[21] and observed highest percentage of subjects in age group of 60-69 years. Similarly, Narapureddy *et al* (2012) in Allahabad[22], Kanitkar *et al* (2018) in Pune[23], Karmakar *et al* (2018) in Tripura[24] and Behera *et al* (2016) in Haryana[25] also found highest proportion of study subjects in 60-69 years of age group.

Various physical and mental illness like musculoskeletal disorders, sensory impairment, frailty, widowhood, depression, dementia, accidents, falls and fracture, malnutrition etc are more common among Oldest old. Elderly in 60-70 years are more active and less dependent than older ones. The disability among elderly increases with age thereby increasing their dependency on others.[15]

Gender

Women comprise the majority of the older population in almost all countries, probably because women live longer than men worldwide. The proportion and number of older women are expected to rise from 107 to 373 million in Asia, and from 13 to 46 million in Africa by 2025.[26]

The sex ratio of elderly population in India is 1033 females per males. The life expectancy of elderly females in India is higher by two years at age of

60 years than males. It is 21.3 among females and 19.3 among males in Punjab. Elderly women outnumber men with advancement in age, a phenomenon known as “feminization of grey”. The sex ratio of elderly is expected to rise to 1060 by 2026.[7]

As per Elderly Report in India (2016), the total population of elderly females (52.8 million) is more than elderly males in India (51 million).[6]
There is variation in the types of morbidities among males and females. According to India ageing report 2017, chronic diseases are more prevalent among elderly women than elderly and also higher in rural areas. Arthritis, hypertension, cataract and diabetes are more prevalent among women whereas ailments like asthma and heart disease are more prevalent in men.[7] Stressful life events such as trauma, loss of a loved one, a difficult relationship, or any stressful situation often triggers a depressive episode. Additional work and home responsibilities, caring for children and aging parents, abuse, and poverty are additive factors in causing depression among elderly females.

The elderly men enjoy the position as head of the family more commonly than elderly women in India. A survey by the name of ‘Building a Knowledge Base on Population Ageing in India’ (BKPAI) conducted in seven states in 2012 also reported these findings where the elderly males were more commonly heading their families than elderly females.[27] With death of spouse, elderly females are deprived of their positions in the family. Females have to live longer period of isolation than males as they are married to men of higher age in India making them vulnerable to mistreatment by their family members.

Literacy

Education raises individual’s productivity and creativity. It helps in better understanding of various challenges of life including health related issues. It influences the decision making of an individual and helps in grabbing opportunities right in time. Educated elderly are aware of various

determinants of health and its helps in eliminating misconceptions and beliefs. They are more receptive to behaviour change related to health. Literacy status affects treatment seeking behaviour among elderly. Education empowers them and makes them aware of their rights and appropriate use of rights. It prepares them for the challenges of society and make them active and participative which results in better quality of life. Education also helps them in preservation of autonomy.

Census 2011 reveals that 43.5% of elderly in India are literate with proportion of literate elderly females half (28.5%) that of elderly males (59.1%) in India. The literacy rate in rural India is 34.2%.[6] BKPAI survey (2012) reported higher proportion of illiterates from rural than urban areas.[27]

The lower literacy rate in this age group can be due to lower enrolment rates in school in pre-dependence era. There is huge difference in the literacy status of elderly living in north and south. Behera *et al* (2016) in Haryana revealed in their study that around 71% of the study subjects were illiterate.[25] Narapureddy *et al* (2012) did study among aged population of Uttar Pradesh and revealed similar findings where 70% study population was illiterate.[22]

Devraj and D'mello (2019) conducted study in Karnataka revealed that majority of elderly (97.7%) were literate[28] while Shashidhar *et al* (2018) in Karnataka found that all of their study subjects were literate.[20]

Marital status

Living arrangements of elderly affect their mental health and quality of life. During old age, elderly seek maximum emotional support from their spouse. Loss of spouse leads to loneliness and changed behaviour of family members towards their senior members further leading to isolation.

Moe *et al* (2012) conducted study on elderly in Myanmar and found 54.6% represented the married population and 40.1% were widowed and 4.1% were never married.[29]

Taqui *et al* (2007) in their study on depression among elderly in Pakistan found that 78.8% of the subjects were married and 17.3% were widow/widower.[30]

As per Help age India report on elder abuse (2018), 71% were married, 27% were widow or widower and 2% were divorced/separated/ unmarried. BKPAI survey (2012) reveals that overall, 3.5 per cent of the elderly are re-married. However, the rate of re-marriage among elderly people is higher in rural areas than in urban areas and is also higher among elderly men.[27]

A quantitative meta-analysis of published literature was performed by Yan *et al* (2011) on risk of marital status and depression and stated that significantly higher risk for depression was found in widowed and never-married subjects.[32]

Financial Dependency

As people in old age experience various physical and mental health problems, they become financially dependent on their near ones due to no source of income and high medical expenses. The disability causing illnesses like sensory impairment, musculoskeletal disorders, dementia especially among oldest-old make them physically dependent on someone even for basic chores/daily activities. The higher medical expenditure on elderly due to multimorbidity makes them financially dependent on their family.

BKPAI Survey (2012) on elderly revealed 43 % of all elderly received no income, 22 % received less than Rs 12,000 and 18.3% elderly were receiving income from government schemes.[27]

National Sample Survey (NSS) 75th round (2017-18) round revealed that 28 % of elderly in rural India are economically independent. Around 79% elderly are supported financially by their children while 18 % by their spouse.[33]

Because of financial dependency, elderly are prone to mental health problems like depression. Thilak *et al* (2016) in Kerala,[34] Buvneshwar *et al*

(2018) in Tamil Nadu[35] and Sawaranlatha N (2013) in Andhra Pradesh[36] studied geriatric depression and found significant association between financial dependency and geriatric depression.

Type of family

The family structure is undergoing change due to urbanization and migration. The traditional system of joint families in India is on decline. Joint family system is still prevalent in rural India. Various benefits of joint families are common purse, sharing of expenditure among members, care of elderly and work as buffer in tough times. Elderly are engaged in household chores and rearing of their grandchildren.

Individuals migrate in search of better job opportunities leaving behind elderly as a result very few members are left in the family to share physical, emotional and financial responsibilities of aged people. Family conflict or preference to live independently are the other main factors responsible for elderly living alone.

Due to nuclear families, elderly have no physical or financial support and are pushed into poverty and have poor quality of life. Goswami and Deshmukh (2018) explored the lives of elderly living alone and their coping mechanisms in rural Wardha. They observed that 84% of elderly had monetary problems, 84.6% had no food, 50% had no one to take care, 15% and 19 % could not work or cook respectively and 7.7% had poor housing conditions.[37]

Older people living alone may be at increased risk of isolation, depression and suicide. Taqui *et al* (2007) studied role of family system in causing depression among elderly in Karachi and found that the elderly living in a nuclear family were 4.3 times more likely to suffer from depression than those living in a joint family system.[30]

Physical Morbidities

Ageing is associated with the gradual damage at molecular and cellular level, resulting in a progressive, generalized impairment in many body functions. It increases vulnerability to environmental challenges. Over time, this damage leads to a gradual decrease in physiological reserves and an increased risk of many diseases.[9]

Age is a non-modifiable factor in development of chronic diseases, such as heart disease, type 2 diabetes, arthritis, respiratory disorders and cancer. The risk of having chronic diseases rises as the proportion of elderly people increases.

Multimorbidity is commonly seen in this age group. A multi-country study on Global Multimorbidity Patterns by Garin *et al* (2015) showed high prevalence of multimorbidity among all participating countries ranging from 45.1% to 71.9% with Russia having the highest prevalence and China having the lowest. Hypertension, cataract, and arthritis were the most prevalent comorbid conditions.[38]

Various Indian studies have also shown multi-morbidity among the elderly population. Hameed *et al* (2018) in their study on elderly population of Karnataka observed that 79.4% of them had two or more co-morbidities.[39] Similar results were obtained by Kaur *et al* (2017) in Delhi who found that around 86% of study subjects suffered from two or more co-morbidities[40] while Verma and Mishra (2019) in Allahabad found only half of elderly were suffering from more than one morbidity.[41]

Zhao *et al* (2018) found the prevalence of hypertension and diabetes mellitus to be 26% and 8% respectively in Chinese population.[42]

The data form nationally representative cross-sectional multilevel study in India conducted by Singh *et al* (2018) suggested highest prevalence of hypertension (11%), followed by diabetes (7%), cataract (4%) and asthma (3%). Kerala had the highest prevalence of chronic disease (55%), followed by Jammu & Kashmir and Punjab. North eastern states, Maharashtra and

Jharkhand recorded lowest prevalence of NCDs among the older population.[43]

Following table shows the prevalence of hypertension and diabetes among elderly in various Indian studies:

Author	**Region**	**Morbidity**	**%age**
Kamra D (2010)[44]	Ludhiana	Hypertension	44.5
		Diabetes	9.0
Hameed *et al* (2015)[39]	Kannada	Hypertension	56.8
		Diabetes	19.7
Jadhav and Bavarva (2017)[45]	Gujarat	Hypertension	30.3
		Diabetes	18.7
George *et al* (2017)[46]	Raichur	Hypertension	20.9
		Diabetes	17.4
Kaur *et al* (2017)[40]	North India	Hypertension	52.4
		Diabetes	11.6
Pandita *et al* (2017)[47]	Dehradun	Hypertension	11.3
		Diabetes	21.1
Barua*et al* (2017)[48]	Assam	Hypertension	44.0
		Diabetes	24.0
Shukla *et al* (2017)[49]	Uttar Pradesh	Hypertension	21.7
		Diabetes	4.7
Kanitkar *et* al (2018)[23]	Pune	Hypertension	40.2
		Diabetes	30.7
Bala *et al* (2018)[50]	Jammu	Hypertension	56.5
		Diabetes	52.0
Majumdar *et al*(2019)[51]	Hyderabad and Secunderabad	Hypertension	87.5
		Diabetes	65.3

The muscle mass decreases with increase in age reducing strength and musculoskeletal function. Ageing is also associated with significant changes in bones and joints as bone density decreases causing osteoporosis and increases the probability of falls among elderly. Falls are major risk factor for fracture among older adults. Osteoarthritis is another common musculoskeletal disorder among elderly due to significant structural, molecular, cellular damage and degeneration of articular

cartilage.[9] BKPAI Survey (2013) in Punjab showed that arthritis was most common ailment (47.9%).[52]Jadhav and Bavarva (2017) in Gujarat,[45] Verma and Mishra in Uttar Pradesh (2019)[41] and Pandita *et al* in Dehradun (2018)[47] observed in their study that the most common morbidity reported by their study subjects were musculoskeletal disorders while the prevalence of musculoskeletal disorders ranged between 22.7%-71.6%

Ageing is commonly associated with decline in both vision and hearing. Age-related hearing loss is bilateral due to cochlear degeneration and environmental factors. Opacification of lens due to ageing increases prevalence of senile cataract whereas macular degeneration is another reason of visual impairment. Worldwide, more than 180 million people older than 65 years have hearing loss that interferes with understanding normal conversation.[9] Correia *et al*(2016) studied sensory impairment in older population of US and reported two thirds of the population suffered from two or more sensory deficits.[53]

Kaur *et al*(2017)[40] and Hameed *et al* (2015)[39] have reported visual impairment was the most common morbidity in their study subjects. Verma and Mishra (2019) reported deafness and cataract in 13% and 21.2% of the subjects respectively.[41] Jadhav and Bavarva (2017) in their study revealed 34.5% of the subjects had visual problems while 14% had hearing problem.[45]

Other morbidities

Zhao *et al* (2018) reported COPD and stroke in 1.0% and 1.9% subjects respectively.[42]

A hospital based study in Pune by Kanitkar *et al* (2018) revealed that 13.3% of the subjects suffered from ischemic heart disease.[23] Hameed *et al* (2015) in Karnataka revealed the presence of cardiovascular morbidities in 7.7% of the subjects.[39]

Other health related problems commonly seen among elderly are frailty and urinary incontinence. Kessler *et al* (2018) reported that the prevalence of

urinary incontinence was 20.7%, being 26.9% among women and 10.3% among men in Brazil.[54] Shukla *et al* (2017) in Uttar Pradesh reported that almost 15 % of the study subjects had genitourinary complaints[49] while Jadhav and Bavarva (2017) reported this percentage to be 11%.[45]

Ageing is also associated with a diminished immune response due to decreases t-cell activity. Other environmental factors like stress and malnutrition also alters the immune function. This makes the elderly population vulnerable to infections.[9]Respiratory and gastrointestinal infections are common in this age group. Jadhav and Bavarva (2017) reported that 18.8% were having gastro-intestinal problems in their study.[45] George *et al* (2017) found that 6.1% of the study population was suffering Tuberculosis while 2.2% were having upper respiratory tract infections at that time.[46]

Sleep is an important component for wellbeing of an individual. With increase in age, the total sleep time and sleep efficiency decreases and it becomes more fragmented and lighter with an increase in number of awakenings. There is longer sleep onset time, earlier wakeup times or more day time naps. Other problem is difficulty in maintaining sleep. There are a variety of factors associated with the changes in sleep pattern in the elderly for example depression and psychological distress, medical conditions, medications, and circadian rhythm disturbances, increase intake of caffeine, tobacco etc.[55]

National institute of Ageing conducted a study in 1995 on more than 9000 elderly in three regions of USA and it was found that 29% of the subjects had difficulty in initiating sleep and 13% of the subjects reported that they hardly felt rested after waking up in the morning. Only 12% had no complaints related to sleep.[56]

Wang *et al* (2019) estimated prevalence of poor sleep quality in elderly of China and found that 33.8% of them had poor sleep quality. The most

common sleep problems were sleep latency followed by decreased duration of sleep and reduced sleep efficiency.[57]

Kaur *et al* (2017) in her study reported that one third of the study subjects had less than 6 hours of sleep in a day.[40] Similar results were obtained by Ghambhir *et al* (2014) who conducted a hospital based study in elderly and revealed that 32% of the subjects had insomnia. They also found statistically significant association between increasing age and insomnia.[58]

Pilania *et al* (2017)[59] and Chawla *et al* (2018)[60] in Haryana found significant association between decreased sleep and depression.

Substance Use

Substance use: “Substance” includes all legal and illegal drugs or psychoactive substances, including alcohol and tobacco.[61]

Substance use is found to be associated with altered brain functioning causing abnormalities in mood, consciousness and perception. Substance use disorder is defined as a cluster of cognitive, behavioural and physiological symptoms related to the use of a psychoactive substance and experienced by an individual who continues to use the substance despite the symptoms. It is maladaptive pattern of use that continues despite harms to the physical or mental health of an individual.[61]This may lead to physical as well as psychological impairment in a person especially in a vulnerable group like elderly. Elderly substance users are more likely to have comorbid medical illnesses as smoking and alcohol are risk factors in development of chronic diseases.[62]

Though the rate of substance use is low among elderly as compared to younger population, it is a misconception that aged people do not use substance or mood affecting substances. Prevalence of risky health behaviours is quite high among the elderly.[62]

The types of substances of abuse by elderly tend to be different from those of other age groups. Alcohol and prescription opioids are most commonly used in this age.[62]

The National Surveys on Drug Use and Health (NSDUH) conducted in the USA in 2009 revealed that more than two-third of men and half of women aged 50 and above used alcohol in the last year. In this age group, 12.2% of them were classified as heavy drinkers and 3.2% as binge drinkers while 6.7% of elderly above 65 years were considered as heavy drinkers or binge drinkers. Use of marijuana and cocaine was reported by 2.6% and 0.4% of the subjects respectively.[62]

National Mental Health Survey of India (2015-2016) revealed that around 28% of persons aged 60 years or more had any substance use disorder. The highest disorder was tobacco use disorder in elderly with prevalence of 26.3% followed by alcohol use disorder (4.1%) and other substance use (0.6%) which included cannabis, opioids and sedatives.[12]

According to BKPAI survey (2012) around 30 per cent of the elderly are currently smoking, chewing tobacco or drinking alcohol and the incidence is particularly high among males.[27]

Substance use is not limited to male gender as it has been reported in elderly females as well in several parts of India. Pandve *et al* (2017) carried out a study of addiction pattern in rural Pune and observed that half of the elderly males (54%) had one or more addictions. One-third of the elderly (38%) chewed tobacco which included most of the females. Smoking bidi and alcohol drinking were reported by 34% and15% of the males respectively.[63]

Chavan *et al* (2017) studied prevalence of substance use in Punjab in all age groups and revealed that prevalence of alcohol use disorder was second highest among persons aged 60 years or above. Other (illicit)

substance use disorders and tobacco use disorder was low in this age group. [64]

The prevalence of addiction among elderly males was 68.4% as per study conducted by Mundada *et al* (2013) in rural Aurangabad. In the study, around 30% of the male subjects were addicted to smoking, 18.2 % to alcohol and 29.2% to tobacco chewing. Tobacco chewing was prevalent in 45.4% of elderly females. Around 40% males and half of the females were addicted to Hukka, Bhang, betel, and pan. Study found significantly higher proportion of males having addiction to alcohol drinking and smoking.[65]

As per study conducted by Goswami *et al* (2005) in rural elderly, smoking was higher in males (72%) than in females (41.4%). Around 16%of the males and 0.8% of females reported regular alcohol intake.[66]

Menopause

Menopause is one of the most significant events in a woman's life and brings in number of physiological changes that affect the life of a woman. According to the WHO (1981), natural menopause is defined as no menses for twelve consecutive months with no obvious intervening cause, such as pregnancy, lactation, exogenous hormone use, dietary deficiencies, or surgical removal of the uterus or ovaries.[67]

A systematic review on published data by Palacios *et al* (2010) on menopause revealed the median age at menopause ranges from 50.1 to 52.8 years in Europe, 50.5 to 51.4 years North America, 43.8 to 53 years Latin America and 42.1 to 49.5 years in Asia.[68]

A PAN India survey by Ahuja M (2017) on menopause revealed mean age of menopause was 46.2 years. Region-wise mean menopausal age was 47.3 years in East, 46.2 years in west, 45.5 years in north,46.1 years in south and 47.8 years in centre of India.[69]

Bansal *et al* (2013) conducted a study on Menopausal problems among rural middle aged women of Punjab and revealed mean age of menopause of the subjects was 45.9 years.[67]

Menopause is characterized by falls in estradiol and progesterone. Early or late onset of menopause may be associated with many chronic health problems.

It has adverse effects on cardiovascular system and skeletal system of women. The chance of cardiovascular events, osteoporosis and cancers of reproductive organs increases after cessation of menstruation.

A cross sectional study was done by Dosi *et al* (2014) in Gujarat to compare the cardiovascular morbidity profile among premenopausal and postmenopausal women. They observed that the prevalence of CAD was 38% in post menopausal women and only 4% in premenopausal women. The difference was found to be statistically significant.[70]

Gao *et al* (2016) studied prevalence of endometrial cancers in premenopausal and post menopausal Chinese women and found that the endometrial cancer are more likely to occur in postmenopausal women.[71]

A cross sectional study was conducted by Tian *et al* (2017) in Gansu province of China on osteoporosis among post menopausal females and elderly males. They found its overall prevalence was higher in post menopausal females than elderly males. Osteoporosis was found to be 10.9% of the females and 3.4% of the males in the age group of 60 to 69 years while 26.4% females and 16.8% males aged over 70 years were considered to have osteoporosis.[72]

Nutrition

Nutrition is one of the key determinants of health among elderly. Ageing leads to various changes in the body like decrease in body mass, reduced basal metabolic rate, diminished physical activity which lowers the daily requirement of energy by them. However, the secretion of gastric acid is reduced with age which leads to poor absorption of micronutrients. As a result, more than one micronutrient deficiency is not uncommon in elderly.[9]Older people are prone to malnutrition due to lack of financial

support, inadequate access to food, poor oral and dental health or due to anorexia of old age.

According to WHO, the prevalence of under nutrition in older people ranged between 1.3% and 47.8% in 2017. Low and middle income countries have reported comparatively higher prevalence of undernutrition.[73]

Macronutrient and micronutrient deficiencies can disrupt the normal functioning of immune system and affect cognition in old age.[74] Gonza´lez-Gross *et al* (2001) in their review article on nutrition and cognitive impairment in elderly found that subclinical deficiency in essential nutrients as vitamin C, vitamin E, b-carotene, vitamin B12, vitamin B6, folate can be present for a long time before cognitive impairment becomes evident.[75]

According to Annual Health survey (2012-13) among empowered action states in India, percentage of underweight population was highest in Odisha (37.6 %) and lowest in Uttarakhand (23.4 %). Overweight and obesity was highest in elderly living in Uttarakhand (20.6% and 4.3%) and lowest in Bihar (4.5% and 0.5%).[76]

A community based cross-sectional study to assess the diet and nutrition among 2138 elderly of nine states was carried out by the National Nutrition Monitoring Bureau during 2005-06 revealing inadequate consumption of macronutrients and micronutrients by the study population.[77]

Agarwalla *et al* (2015) studied nutritional status among elderly by using Mini-nutritional assessment tool in Assam. Majority of the subjects were either at the risk of development of malnutrition or were malnourished. Nearly 50% of the elderly had inadequate intake due to difficulty in swallowing or chewing or due to loss of appetite. The association of calories intake with poor nutrition was statistically significant.[78]

Physical inactivity, immobility due to musculoskeletal disorders, sedentary lifestyle, high consumption of fats and oils leads to obesity and predisposes

elderly to chronic diseases like diabetes, hypertension, cardiovascular disease, cancers etc.

Prevalence and trends of overweight and obesity in older adults from 10 European countries from 2005 to 2013 revealed that obesity increased significantly from 17.5% in 2005 to 19.2% in 2013.[79]

Swami *et al* (2005) in their study in Chandigarh revealed 33.15% elderly were overweight and the prevalence of pre-obesity and obesity was seen in 25.41% and 7.54% of elderly, respectively. The prevalence of overweight/obesity was higher among subjects suffering from chronic diseases like hypertension and diabetes. The association between higher BMI and both the diseases was also statistically significant.[80]As per study conducted in Karnataka by Hameed *et al* (2015), prevalence of diabetes was significantly higher in the subjects with BMI of more than 25.[39]

Another study by Naik *et al* (2018) in elderly revealed that overweight and obesity was found in 18% and 51% of the subjects respectively residing in Puducherry. Obesity was more among females and decreased with age.[81]

Mental Health

Mental health is not merely an absence of mental illness but it also includes emotional and psychological well-being of an individual. Emotional well-being includes happiness, interest in life, and satisfaction whereas psychological well-being includes liking one's own personality, managing the responsibilities well and sharing healthy relationships.[82]With age the emotional , psychosocial well being is affected due to events in life.

Over 20% of people aged 60 and over suffer from a mental or neurological disorder and 6.6% of all disability in this age group can be attributed to mental and neurological disorders. Dementia and depression are most commonly occurring mental disorders among elderly worldwide affecting 5% and 7% of the total geriatric population.[11]

Mental health of elderly is often neglected by the family members or elderly themselves and mental illness often remain under-treated due to stigma attached to mental illness.

One of the aspects of mental health is cognition which can be divided into several specific cognitive domains including attention, memory, executive cognitive function, language, and visuospatial abilities.[83] Due to neuronal degeneration , elderly may face deterioration in all these domains. With age, there is decline in performance in complex tasks requiring concentration. Some aspects of memory are stable with normal aging, but there is consistent decline in new learning abilities.[9]

A systematic review was done on cognitive impairment among older people in sub-Saharan Africa by Mavrodaris *et al* (2013) wherein prevalence of cognitive impairment was 9% in Bostwana, 25% in Central African Republic, 18.8% in Congo and 11% in Nigeria.[84]

In India, the prevalence of cognitive impairment among elderly was reported to be 8.8% by Sengupta *et al* (2014)[85] in Punjab, 51.2% by Patel *et al* (2020)[86] in Jodhpur, 3.5% by Sharma et al (2013)[87] in Urban and rural Shimla and 25% by Patel and Singh (2018) in Gujarat.[88]
Kamra D (2010) surveyed elderly population in a rural area of Punjab for her dissertation and found that 98% of elderly had good/fair mental status while only 2% had poor mental status.[44]

Normally, dementia is not part of ageing but it mainly affects aged individuals. Nearly 50 million people worldwide are living with dementia with nearly 60% living in low- and middle-income countries. The estimated proportion of the general population aged 60 and over with dementia at a given time is between 5-8%.[89]

"The Dementia India Report 2010" estimated that 4.3 million people in India are living with dementia in 2015 and it is projected to increase to 14.32 million by 2050.[90]

Depression

Depression is an affective disorder presenting with depressed mood, loss of interest or pleasure, decreased energy, feelings of guilt or low self-worth, disturbed sleep or appetite, and poor concentration. Depression is often associated with anxiety.[91]

Depression affects cognition, changes their perception towards health and influence utilization of health services.[11]

The prevalence of depression among older adult was found to be 41.8% in community based study conducted in Ethopia by Mirkena (2018)[92] while the prevalence reported in China by Cong *et al*(2015) was 10.5%.[93]
Manandhar *et al* (2019) studied prevalence of depression in elderly of Nepal and found 56% of the study population were having depression.[94]
Qadar *et al* (2014) compared prevalence of depression in community residents and care homes in Rawalpindi, Pakistan and found the prevalence to be 31.5% and 60.6% respectively.[95]

A review on studies on depression in elderly in India by Grover and Malhotra (2015) reported the prevalence rate of depression from 8.9% to 62.2% in community settings and 42.4% to 72% among clinic based studies.[96]

A systematic review and meta-analysis done on fifty one studies from sixteen Indian states was done by Pilania *et al* and they reported overall prevalence of depression to be 34.4%.[97]

Various others studies across different regions of India have shown the following findings:

Author and year of publication	**Region**	**Screening tool**	**Prevalence of depression (%)**
Sawarnlatha N (2013)[36]	Andhra Pradesh	GDS -15	47.0
Niak and Nirgude (2015)[98]	South India	GDS -30	59.6
Behera *et al* (2016)[25]	Haryana	GDS -30	11.4
Sekhon *et al* (2015)[99]	North India	GDS-15	62.1
Sharma *et al*(2016)[100]	Shimla	GDS-30	9.5
Pilania*et al* (2017)[59]	Haryana	GDS-30	14.4
Thilak *et al* (2016)[34]	Kerala	GDS-15	72.4
Nazir *et al* (2018)[101]	Srinagar	GDS-30	31.5
Buvneshkumar *et al* (2018)[35]	Tamil Nadu	GDS-30	35.5
Chawla *et al*(2018)[60]	Haryana	GDS-15	22.7
Lakhsham *et al* (2019)[102]	Puducherry	GDS -15 item	69.0

Naik and Nirgude (2015) found that 79.5% had mild depression and 20.4% had severe depression [98] while Nazir *et al* (2018) found 27.2% had mild and 4.2% had severe depression among their study subjects.[101]

Various factors leading to depression has been chronic morbidities, diminishing roles of aged in their families, living away from children, poor support from family members, widowhood, elder abuse or neglect and dependency.

Manandhar *et al* (2019) found geriatric depression was more frequent in the older age group, among those residing in the rural areas and among unmarried/widowhood/divorced.[94]

Behera *et al* (2016) found that depression was more common among elderly living in nuclear families were having depression.[25]

Nazir *et al* (2018),[101] Pilania *et al* (2017),[59] Naik *et al* (2015),[98] Laksham *et al* (2019)[102] and Swaranlatha N (2013)[36] found significantly higher depression among elderly females.

On multiple regression, Chawla *et al* (2018)[60] and Buvneshkumar *et al* (2018)[35] found that nuclear family, sleep problems, death of close relative, low socio-economic status and conflicts with family members were the independent predictors of depression while Thilak *et al* (2015)[34] found age, financial dependency and presence of one or more co-morbidities were the independent risk factors.

Social health

Social health of an individual is determined by relationships with near ones, availability of social support and their participation in the society. The National Cancer Institute's Dictionary of Cancer Terms defines social support as “a network of family, friends, neighbours, and community members that is available in times of need to give psychological, physical, and financial help.[103]

Social support includes physical support in form of personal care and emotional support such as being listened to, understood, and comforted. It contributes in social well being of an individual by fulfilling the physical and emotional needs and reducing stress and improving their quality of life. The two models to explain role of social support in relieving stress are the main-effect model and the indirect effect model or buffer model. The main -effect implies that social relationships have a positive psychological responses in turn, increase motivation to care for oneself, contentment, and favourable physiological reactions. Positive outcomes support a state of emotional

equilibrium that protects against the emergence of mental disturbances. The stress-buffering effect implies that social relationships benefit individuals who are exposed to stressors by strengthening their coping mechanism so that the negative emotional and physiological response is dampened. Therefore, social support is important for maintaining good physical and mental health.[104]

The relationship between social support and psychological distress was studied by Bøen *et al* (2012) in Oslo among older adults and strong association between lack of social support and psychological distress was found among the study population.[105]

Elderly seek social support from their children, spouse and relatives. Fragmentation of joint families caused by urbanization jeopardises their social health. Support from neighbours and friends are equally important for them as they provide them companionship even when children are not at home. Dai *et al* (2016) did a comparative study of the social support among elderly in two provinces (Tainan and Fuzhou) of China. The subjects revealed that their children were the most important source of support followed by spouse and relatives and friends.[106] Akila *et al* (2019) assessed psychosocial status of elderly in urban and rural areas of Karnataka and found that majority of the subjects were taken care by their family members during illness.[107]

The other component of social health of an individual is his participation in the society. Social participation is a form of social interaction that includes activities with friends, family, and/or other individuals. It can either be one-on-one or in a group. For example visits from family members and friends; formal organizational involvements such as going to religious activities or doing voluntary work; active and relatively social leisure activities as going to public talks , cinema, concerts, eating outside the house, taking part in sports.[108] Dai *et al* (2016) observed that nearly half of study subjects from Tainan province of China ,often or always attended social activities but more

than two-thirds of the Fuzhou participants seldom or never participated in social activities.[106]

A situational analysis conducted in Mumbai in 2016 revealed that around 14 % of elderly never participated in social function likes festivals and marriages while 26% never attended religious/spiritual functions and 54% never visited parks/gardens.[109]

BKPAI Survey (2013) done in Punjab reported that approximately 15% of the elderly were attending public gatherings frequently and nearly 40 % attended public gatherings once or twice in the one year.[52]

Kumar and Patra (2019) in Delhi revealed that half of elderly respectively reported social participation in their study.[110]

Social participation has protective health effects associated with reduced cognitive decline/dementia, better mental health.[111] Curver *et al* (2017) surveyed older adults for social participation in Netherlands and found association between low-social participation and physical, mental health problems and loneliness.[112]

Various benefits of social participation/ networking are better self-management of chronic conditions, more social contact, social support, opportunities for learning, increased access to health and social welfare services and better relationships within families.[108]

Therefore, indulgence in social activities or events keep older people connected with the society, keep them busy, help in alleviating stress and accounts for their wellbeing. Social participation of aged population helps in their healthy ageing.

There occurs transition in roles and social positions of the elderly and the need to deal with the loss of close relationships. Owing to old age, elderly delegate responsibilities to their children, preferably to their sons. They

withdraw themselves from the position of head of the family. But in some cases, children displace them as head of the family without their approval. The BKPAI survey (2012) revealed that three out of five households were headed by an elderly person. Elderly men (43%) were found to head their families more commonly than elderly women (17%).[27]

Also, the involvement of elderly in decision making in important matters of family is reduced. Dongre and Deshmukh (2012) studied Quality of life among elderly in Maharshtra[113] and Behera *et al* (2018) in Haryana found that nearly one-fourth of their subjects were not involved in decision making.[25]

Such changes in family dynamics predispose elderly to depression and other mental health problems. Behera *et al*(2016),[25] Pilania *et al* (2017)[59] and Chawla *et al* (2018)[60] in Haryana found depression was more common among elderly subjects who were not involved in decision making in the family and association was found to be significant.

Elder Abuse

Elder abuse is an act of commission and neglect is an act of omission. Care dependency is one of the major reasons for abuse among aged population. It can lead to physical harm like scratches, bruises, breaking of bones and cause severe disability among elderly. Apart from this it greatly impairs mental health of elderly causing depression and anxiety. These consequences can be long-lasting or have permanent effect on their health. Elder abuse takes many forms including physical, sexual, psychological, emotional, financial abuse, abandonment and neglect. It can occur both within and outside a care giving context, seriously impairing the well-being of the elderly. Old, vulnerable and frail persons, dependent on others for their daily needs, are routinely abused, neglected, and exploited worldwide and India is no exception to it.[14]A systematic review and meta-analysis of elder abuse at global level in 2017 observed that pooled prevalence of elder abuse was 15.7% of people aged 60 years and above

are subjected to abuse in year 2017.The pooled prevalence of psychological abuse was 11.6%, financial abuse 6.8%, neglect 4.2% and physical abuse 2.6%.[114]

A scoping review was done on worldwide prevalence of elder abuse and its risk factors by Pillemer *et al* (2016). They revealed the aggregated prevalence of elder abuse ranged from 2.2% to 36.2%. The highest aggregated prevalence was reported in China (36.2%) and Nigeria (30.0%), followed by Israel (18.4%), India (14.0%), Europe (10.8%), Mexico (10.3%), United Sates (9.5%), and Canada (4.0%).[115]

A study on abuse among elderly attending outpatient department of a tertiary care hospital in Srilanka by Edirisinghe *et al* (2014) revealed that 45% of subjects reported abuse.[116]

According to BKPAI survey (2012), 11.4% elderly reported abuse. The oldest-old respondents (80 years and above) faced abuse on a higher scale at 16 %.Verbal abuse was the most commonly reported by respondents. Neglect was least reported by men and physical abuse was least reported by women.[27]

According to report on elder abuse by Help age India (2018), 25% of the elderly were the victims of abuse. The most common form of abuse reported was disrespect (56%), verbal abuse (49%) and neglect (34%). Abuse was reported maximum by elders in 60-69 years of age group.[31]

Kumar and Patra (2019) conducted a study on elder abuse in Delhi and reported the abuse in 9.6% of the subjects. They also found that it was more common among subjects aged more than 70 years and all of them reported neglect. [110]

Another study in Delhi by Mawar *et al* (2018) reported higher prevalence of abuse (24.3%) where psychological abuse was the most common type followed by financial abuse.[117]

Ramalingham *et al* (2019)[118] and Mehra *et al* (2019)[119] found higher prevalence of abuse among aged population of Puducherry (50.2%) and Panchkula (41.6%) respectively with physical abuse being most commonly reported by them. In both studies abuse was more common among 80 years or above of age. The elderly in this age group have higher prevalence of physical and mental health problems increasing their dependency on others hence making them more vulnerable to abuse.

According to BKPAI survey(2012), the main perpetrators of elder abuse in were neighbours (50%), followed by sons (41%), relatives (34%) and daughter-in-law (32%)in both urban and rural areas. A higher proportion of elderly women reported abuse by daughters-in-law (38%).[27]

As per The State of Elderly Report (2014),main perpetrators were daughter in law (61%) followed by Son (59%).[15]

The most common reason for abuse mentioned in state of elderly report (2014) was emotional dependence (46%) followed by economic dependence (45%). The elderly females (48%) were facing abuse due to economic and emotional dependence on others whereas the males (44%) due to emotional dependence.[15]

Findings from BKPAI survey (2012)[27] and Ramalingham *et al* (2019)[118]revealed that the elderly females, subjects living alone and those with no or lesser education reported high levels of abuse. Senior citizens are afraid to report abuse to others.

As per state of elderly report (2014), less than half of elderly did not report the abuse to anyone as 59% wanted to maintain confidentiality of family matter and 17 % did not know how to deal with the problem.[15]

Kumar and Patra (2019) observed only two of the abused subjects approached authorities for reporting it.[110]

Health care seeking behaviour

Health-seeking behaviour has been defined as a “sequence of remedial action that individuals undertake to rectify perceived ill health.[120] People differ in their willingness to seek help from health care services. Some seek treatment readily while others seek it only disease complications set in. In other terms, it is the time difference between the onset of an illness and contacting a healthcare professional or taking medication on their own, type of healthcare provider consulted during illness, compliance of the patient to the treatment prescribed, reason for choice of particular healthcare facility reasons for not seeking help from other healthcare professionals.[121]

A major framework that has been proposed to explain the healthcare services utilization of an individual from the behavioural aspect. Andersen & Newman’s (1973) framework of health care services utilization, envisages that an individual’s use of health care depends on three components: predisposing, enabling and illness level.[121]

Predisposing component explains the inclination of an individual towards use of health services prior to beginning of an illness episode. It consists of demographic, social structure and belief variables. Various predisposing factors include the demographic characteristics of age and sex, social factors such as education, occupation, ethnicity and social relationships (e.g., family status), and health beliefs (e.g., attitudes, values, and knowledge related to health and health services).

Enabling component consists of a variable that helps in meeting needs of an individual of health care like resources or income and wealth at an individual’s disposal to pay for health services known as financial factors. Other organizational factors which includes whether an individual has a regular source of care and the nature of that source. They also include means of transportation, travel time to health facility and waiting time for health care.

Illness level focuses on the immediate grounds for use of health services by an individual. It consists of perceived illness (how people view and experience their own general health and illness) and evaluated illness (professional assessments and objective measurements of patients' health status and need for medical care) levels for the individual.
The factors influencing health care seeking of an individual are: the socio-demographic characteristics of an individual and health care services available to him.

Hamiduzzaman *et al* (2017) did a systematic review of 38 articles to find out social determinants of health care access of rural elderly women in high and low income countries. It was found that education status, income, health literacy, self-treatment tendencies, mistrust of modern healthcare services, depression and perceived stigma had direct influence on elderly women to access health care. Lack of healthcare support in form of inadequate healthcare professionals, scarcity of medical equipment and medications, long waiting times, poor attitudes of health care workers and lack of health insurance coverage also affected their health care seeking behaviour.[122]

Moe *et al* (2012) studied health care seeking behaviour in Myanmar and reported that 3% male subjects and 13% females didn't seek treatment. Factors like poverty and lower education prevented the subjects to utilize health services.[29]

Falaha *et al* (2016) in Ethopia observed factors of health care seeking behaviour among elderly and reported about the age factor affecting this behaviour. It was found that elderly in 60-65 years of age group were 1.51 times more likely to visit health facility during illness than those 70 years or above. Other factors like formal education, family support and awareness regarding health care seeking had positive effect on their behaviour.[123]

Patle *et al* (2015) studied health care seeking behaviour among elderly in Maharashtra and found that 9.2% did not seek any treatment for their illness. The reasons for this behaviour were that according to the subjects

their illness was minor or there was no one to escort them to the hospital, or they felt that the illness was not going to be cured even after taking treatment. Education and poverty were significant determinants for the health-seeking behaviour of the elderly in the study.[124]

Shukla *et al* (2017) in Uttar Pradesh found 29.6% of the subjects did not seek any treatment.[49]

Preference to various forms of medicine

Various forms of medicine have been in practice across the world like allopathy, homeopathy while in India few others like Ayurveda, siddha and Unani are prevalent.

Author	**Region**	**Form of medicine preferred**	**% age of subjects**
Nandiniand Saranya (2019)[125]	Shimoga	Allopathy Ayurveda Homeopathy	90%(rural) 87% (urban) 2.4% (urban) 2.4% (urban)
Sharma *et al* (2013)[126]	Shimla	Allopathic Ayurveda Homeopathy	81.4% 11.3% 7.3%
KamraD (2014)[127]	Ludhiana	Allopathy Ayurveda Homeopathy	93.6% 4.1% 1.8%
Shukla *et al* (2017)[49]	Uttar Pradesh	Allopathy Self-treatment	21.3% 34%
Barua *et al* (2017)[48]	Assam	Allopathy AYUSH Self medication	51.3% 6.1% 29.5%

In all studies, most commonly preferred form of medicine was Allopathy probably due to more awareness regarding modern form of medicine and its immediate results.

Person consulted during illness

Author	Region of study	Person consulted during illness	Percentage of subjects
Narapureddy *et al* (2012)[22]	Mysore	Private practitioner	42.5%
		Non-registered practitioner	32.36%
		Quack	31.9%
		Traditional healers	1.5%
Sharma *et al* (2013)[126]	Shimla	Private Practitioner	26.7%
		Medical/paramedical professionals at government facility	60.7%
		Chemists	12.6%
Bala *et al* (2018)[50]	Jammu	Medical/paramedical professionals at government facility	74.5%
		Private practitioners	4.5%
		Traditional healers	21%
		Quacks	3.0%
KamraD (2014)[127]	Ludhiana	Medical/paramedical professionals at government facility	7.3%
		Private practitioners	14.8%
		Non -registered Practitioners	52.9%
		Faith healers	0.9%
Bhat and Kumar (2017)[128]	Mangalore	Medical/paramedical professionals at government facility	36.6%
		Medical/paramedical professionals at private facility	56.3%
		Traditional healer	4.7%
Shukla *et al* (2017)[49]	Uttar Pradesh	Para-medical professionals	24.8%
		Traditional healers	20.3%
Barua *et al* (2017)[48]	Assam	Medical/paramedical professionals at government facility	48.7%
		Private practitioners	21.8%
		Faith healers	4.8%

The persons consulted during illness are variable from place to place. Elderly still have preference for faith healing probably because of the fact that people are religious in India and offering prayer to God will result in curing of the disease. While some consult non-registered practitioner

probably due to the fact that a non-registered practitioners are from the same community and elderly feel it comfortable to consult them.

Reasons for not seeking health care

Elderly have various reasons for not seeking health care. Socio-economic factors of elderly and their beliefs have a role in not accessing health care facilities.

Sharma *et al* (2013) studied health care seeking behaviour of elderly in Shimla. Around half of the subjects opined that the illnesses were due to old age, 19.1% stated the health facilities were distant, 15.8% said they have trust on God. There were few subjects who reported lack of money (6.0%), poor attitude of health care providers (6.0%) and lack of company to the hospital as other reasons of not seeking health care.[126]

Similar reasons were given by the subjects in study by Barua *et al* (2017). Around 81% reported lack of money as the most common reason. Two-third of them opined that they were not in need of treatment, 37.5% said that health services were distant and one fourth of them had no company to the hospital. One third of them were not aware of their morbidity.[48]

Another study was done by Nandini and Saranya (2019) to observe difference between health seeking behaviour of Urban and Rural subjects of Shimoga. Few of their reasons were similar like 1.4% of the rural study subjects had trust on God while 1.4% of the rural and 2.4% of the urban subjects state that illnesses are due to old age. About 2% of them were disappointed with the doctor.[125]

Reasons for not utilizing government health facilities

Narapureddy *et al* (2012) in their study on elderly in Allahabad revealed that 18.5% of the subjects did not utilize government health facilities. The most common reason stated was improper treatment (35.6%) followed by unavailability of doctors (13.2%), unavailability of drugs (10.5%), poor

facilities (10.5%),no relief from treatment (6.6%) and long waiting periods(5.2%) in government health facilities.[22]

The reason for not availing government health facility as reported by Kamra D (2014) in her study were unavailability of doctors (10.8%),unavailability of drugs(20.6%) and long waiting period (10.8%) at the facility. The commonest reason was that the facility was distant from home (33.3%) while other reasons were in-cooperative staff and unawareness regarding the facility.[127]

Distance from home

Narapureddy *et al* (2012) revealed that the government health facility was within 3 kms of nearly half of their subjects.[22]

Saini *et al* (2018) reported that half of the subjects had health facility within 1 km, while 20.1% had it more than 5 kms away from home.[129]
Similarly Usha and Lalitha (2016) in Kerala found that majority of the subjects (81%) travelled 3 kms to reach medical facility.[130]

Medical expenditure

Due to multimorbidity in old age, it may become difficult for elderly to bear medical expenditure themselves result in financial dependency. Saini *et al* (2018) revealed in their study that mean annual cost of treatment bore by subjects was 12387± 16486 INR.[129]

KamraD (2014)[127] and Bhat and Kumar (2016)[128] reported that 70.8% and 69.3% of the subjects depended on family members for medical expenditures.
Saini *et al* (2018)[129] showed that one-third subjects were bearing medical expenditure themselves while only 7.6% of the subjects in study by Akila *et al* (2019)[107] in Karnataka bore their expenditure themselves.

Health insurance

Health insurance is a type of insurance coverage that covers the cost of an insured individual's medical and surgical expenses. Depending on the type

of health insurance coverage, either the insured person pays the out-of-pocket cost and is then reimbursed, or the insurer makes payments directly to the provider. Because of financial reasons, health insurance may be not on the top of the list of most of families but that could be a dangerous and costly decision in the long run. Families eventually have to pay out of pocket payments for their medical expenditures.[131]

Out-of-pocket payments (OOPs) are defined as direct payments made by individuals to health care providers at the time of service use. This excludes any prepayment for health services, for example in the form of taxes or specific insurance premiums or contributions and, where possible, net of any reimbursements to the individual who made the payments.[132]Many countries are shifting to health insurance in order to finance their health systems. OOP is financial barrier in accessing health care in time. It also pushes the families into poverty as it can lead to catastrophic expenditure.

Health insurance removes this barrier in utilization of health care. National health account estimates for India (2015-2016) states that household's out of Pocket Expenditure on health is 60.6%.[133]

With global rise in the population of old people, the morbidity among them is also rising and so is the health care cost associated with it. Therefore, health insurance of elderly is need of the hour. The situation gets worse for elderly who are widow or living alone as they may not have a good source of income. Senior citizens who bear burden of morbidity or who are dependent on their families have to undergo financial crises in seeking health care.

A Study on global Ageing and adult health (SAGE) was done by WHO which drew nationally representative samples of older people from China, Ghana, India, Mexico, the Russian Federation and South Africa. It was revealed that estimated health coverage of elderly ranges from 21% of patients in Mexico to 48% in South Africa indicating that vast numbers of older adults either

forgo or underuse health services or are pushed into poverty due to the need to pay for health services.[9]

In India, where the overall illiteracy level is high among aged population, the awareness and utilization of various schemes for senior citizens including health insurance is low.

Maroof *et al* (2016) in Uttar Pradesh observed that one-third of the subjects were aware of any health insurance scheme.[134] Report on State of elderly (2014) in India revealed that nearly one-fourth of the elderly were aware of one or more schemes for health insurance. The report also stated that higher proportion of elderly (59.4% in Hyderabad and 50.5% in Chennai) were aware of a government health insurance scheme than private schemes.[15]

It was seen by Akila *et al* (2019) in Karnataka that only 10.4% of elderly have taken up health insurance.[107]Devraj and D'mello (2019) in Karnataka found 29.7% of the subjects were medically insured.[28]However, higher percentage of elderly in Kerala (58%) were enrolled in the government health insurance scheme as reported by Philip and Ravindran (2017). The scheme was utilized by subjects for hospitalization purpose only. Half of the subjects were hospitalized for medical reasons while 39% for surgical reasons and 8% due to injuries or accidents.[135]

Even knowledge of other geriatric welfare schemes is also variable among elderly population. Few of these schemes for elderly in India are Indira Gandhi National Old Age Pension Scheme, Indira Gandhi National Widow Pension Scheme, Pradhan Mantri Jan Arogya yojana, Annapurna scheme, special government facilities like Income tax benefits, Travel concessions, Bus seat reservation.

Goel *et al* (2003) in their study of unmet needs of elderly in Meerut found that nearly half of the elderly were not aware of the schemes for their benefits and among those who were aware majority (96%) had not utilized

the scheme.[136] Maroof *et al* (2016) in Uttar Pradesh also found lower percentage of elderly (28.9%) being aware of social security schemes.[133] The situational analysis conducted in Mumbai (2016) observed similar findings that only one-fourth of elderly were aware of any social welfare scheme.[109] Goswami *et al* (2019) assessed awareness and utilization of social welfare schemes aby elderly in Delhi and found that high percentage (87%) of elderly were aware of at least one such scheme and utilization of any one scheme by 42.2% of them. The difference can be due to the literacy factor as residents of Delhi have higher education status. [137]

Quality of life

Quality of life (QOL) is a broad multidimensional concept that usually includes subjective evaluation of both positive and negative aspects of life.[138]When the basic needs of the individual are fulfilled, he has a right to look for other targets in life for example happiness, satisfaction, self-realisation, independence etc.

It is individual's satisfaction with his or her life dimensions comparing with his or her ideal life.

It includes physical and mental state of individuals along with level of independence, social relationships and personal beliefs.[139]

Alternatively, it can be said that QOL is influenced by external and internal factors. External factors include good living conditions accommodation, employment, income, material welfare, moral attitudes, personal and family life, social support, stress and crises, health-related quality of life, health care service, working conditions, nourishment, education opportunities, relationships with the environment, eco-factors, and others. The internal components are those that derive from within like optimism, perceived control, adaptation, etc. People with a higher QOL have better attitude to face the challenges and problems of life. Their perception of a health issue or problem is more positive. They actively participate in society. Society

benefits senior citizens as they are most experienced of all age groups therefore their opinion in various aspects of life is utmost important.[140]

With increase in life expectancy and rise of geriatric population, it is a challenge to delay the onset of disability and ensure good quality of life to them.[141]Chronic diseases cause medical, social and psychological problems affecting quality of life. It becomes difficult for aged population to take medication on regular basis for chronic diseases. Sensory impairments (hearing and visual impairments) can have important implications for the everyday lives of older adults. Musculoskeletal disorders or fall/fracture in elderly restrict their movement and hinders their daily activities causing disability among them. Impact of urinary incontinence can be profound on the quality of life of both older people and caregivers. Poor mental status in form of dementia or affective disorders also affects their quality of life. Changes in work (retirement)/family/society require adjustments by them. Elderly may become physically, emotionally or financially dependent on others. Their relations with the family members and their participation in activities of society can influence quality of life. The elderly living alone due to migration of children have no support of any kind tend to have poor quality of life.

Khan *et al* (2014) studied quality of life among elderly in Bangladesh using WHOQOL-BREF scale which has four domains namely physical ,psychological, social and environmental domain. The highest score was found in social domain and least score was found in environmental domain.[142]

Joshi *et al* (2018) assessed quality of life among Nepalese elderly and found that45.9% elderly reported their quality of life neutral (neither good nor bad), 35.1% reported as good and 19.0% reported having poor quality of life.[143]

Rajput *et al* (2019) studied quality of life in rural Haryana and found that 35.5% had good quality of life while 3% had very good quality of life,54% had average quality of life and only few of them had poor quality of life. They

attribute this percentage to the fact that Haryana is one of the better performing states in India with better financial resources, good diet and environment and participation of elderly in recreation and leisure activities leading to good QOL of life.[139] Majority (97%) of elderly subjects were found to have excellent/good of life in Gujarat as reported by Shah *et al* (2017).[141]

Usha and Lalitha (2016) studied quality of life in Kottayam, Kerala and found more than half of the elderly rated their quality of life as very good/good.[130] Kamra D (2014) studied quality of life in elderly of rural Punjab and observed 85% of elderly having good quality of life.[144]

Chen *et al* (2012) did a systematic review on quality of life of elderly in China and found various factors which emerged as determinants of QOL were health status, psychological well-being, social well-being, housing and socio-demographic factors. Along with that elderly having better physical and mental health, a higher level of functional ability and satisfaction with their life reported higher QOL.[145]

A comparative study was done among rural and urban Jammu by Kumari *et al* (2018) and found that urban subjects had better QOL than their rural counterparts as the overall mean scores were higher in all domains of the scale to measure QOL by WHO. Urban elderlies are more educated and are more aware of welfare services for elderly, hence utilization of such services is higher among urban subjects. The independent variable affecting QOL was presence of one or more chronic morbidities.[146]

Devraj and D'mello (2019) observed in their study that factors like age, gender, marital status, living status, education, occupation, socioeconomic status, use of mobile phones and social media which determined the QOL in their subjects residing in urban Mangalore.[28]

Rajput *et al* (2019) also observed that subjects who were illiterate, belonged to lower class, financially dependent, living without spouse and unemployed had poor quality of life.[139]

Dongre and Deshmukh (2012) in Puducherry revealed different reasons affecting quality of life such as health insurance status of the subjects, their membership in social group, relationship with family members, active life, social life, health care, spirituality and role in decision making in family affected different domains of QOL.[113]

MATERIAL AND METHODS

Nature of study

The present study **"Health status and health care seeking behaviour of elderly in a rural area of Ludhiana: a community based study"** is a cross sectional study.

Study area

It was carried out in the field practice area of Rural Health Training Centre Pohir, Block Dehlon, District Ludhiana, Punjab, India. This centre is an integral part of Department of Community Medicine, Dayanand Medical College and Hospital,Ludhiana.

The field practice area comprises of 15 villages namely Pohir, Rangian, Lehra, Gopalpur, Saharan Majra, Khera, Bhikhi, Jhammat, Khattra, Rurka, PandherKheri, Kalahar, Qila-Hans, Siahar and Jagera. It covers a total population of 31,058 comprising 3686 elderly (Quarterly report of RHTC, Pohir -30th June 2018).

The entire population in this area is closely monitored by multipurpose health workers who provide home based comprehensive health services. They are assisted by village based helpers belonging to that particular village. Trainees like medical and nursing students often accompany these workers. A folder for each family is maintained at RHTC Pohir which contains information regarding demography and health status of each family member and this is regularly being updated by multipurpose health workers.

Ethical issues and Informed Consent

Subjects were included in the study after obtaining written informed consent, the study was duly approved by the Institutional Ethics Committee of Dayanand Medical College and Hospital, Ludhiana.

Source of Data

Elderly, both males and females of 60 years and above residing in field practice area of RHTC, Pohir were studied.

Method of collection of data

- Inclusion Criteria
    1. Persons of age 60 years and above.
- Exclusion Criteria
    1. Non co-operative subjects
    2. Subjects who refuse to participate

Sample size

Prevalence of various components of the study among elderly is variable ranging from 14.4 to 87.6% [40,59] as quoted by different studies. Therefore, the prevalence was taken as 50% in order to estimate the maximum sample size for the study.

Applying the formula[147]

$$n=\frac{z^2p(1-p)}{d^2}$$

n= sample size

p= expected prevalence and proportion

d= precision rate

putting the values, $n=\frac{(1.96)^2(0.5)(0.5)}{(0.05)^2}$

n =384

Allowing the non-response rate of 10, the sample size came out to be 423. However, 425 subjects were included in our study.

Sampling technique

Systematic random sampling was done for the selection of subjects. List of elderly residing in 15 villages was made from the family folders. There were total 3686 senior citizens in 15 villages.

First subject was selected randomly by currency note method by considering the last digit of the currency. The subjects were selected according to sampling interval. If the house was locked or the subject was not available at that time, he or she was visited twice. If not available on two visits, the subject was substituted by the consecutive subject on the list.

$$\text{Sampling interval} = \frac{\text{Total number of subjects in 15 villages}}{\text{Sample size}}$$

$$= \frac{3686}{425} = 8.6$$

The last digit of the currency note came out to be 2. Therefore, the first subject selected from elderly list was serial number 2. Subsequent study subjects were included as per sampling interval as shown in the table below:

	Calculation	**S.no in the main list to be included in the study**
1st subject	2	2
2nd subject	2+8.6=10.6	11
3rd subject	10.6+8.6=19.2	19
4th subject	19.2+8.6=27.8	28
5th subject	27.8+8.6=36.4	36
So on…….		

Village wise no. of subjects interviewed:

S.no	Village	No. of elderly in each village	No. of subjects interviewed
1	Pohir	288	33
2	Rangian	209	24
3	Lehra	205	24
4	Gopalpur	246	28
5	Saharan Majra	219	25
6	Khera	226	26
7	Bhikhi	180	21
8	Jhammat	249	29
9	Khattra	266	31
10	Rurka	295	34
11	PandherKheri	133	15
12	Kalahar	240	28
13	Qila-Hans	170	20
14	Siahar	547	63
15	Jagera	213	24

Procedure of data collection

The information was collected through proforma by visiting the house of selected subject. The purpose of study was explained to every subject and confidentiality of information was assured. The proforma is divided into following sections:

1. Socio demographic profile
2. Medical history and General physical examination
3. Nutritional history
4. Mental state examination
5. Assessment of depression
6. Social relations and social support
7. Elder abuse
8. Health care seeking behaviour
9. Health insurance
10. Assessment of Quality of life

Pilot study

It was done on 30 subjects by randomly choosing the subjects to test the feasibility of the proforma.

Study Instruments in Detail

Section 1: Socio demographic profile

This included the particulars of subject like name, age, gender, religion, caste, marital status, age of spouse, education, education of spouse, occupation, type of family, total family income (monthly), source of income/livelihood.

Socio economic status assessment was also done by using Modified Udai Pareek scale[148] and scoring with results as given below:

Category	Score
Low	<=16
Low middle	=17-25
High middle	=26-34
High	>34

Section 2: Medical history

It included self-reported morbidities (within last one year) and whether they sought treatment before or were on treatment at the time of interview, personal history, history of past medical and surgical illness. Personal history included substance use (such as alcohol, smoking, tobacco chewing, opium and others) in last one year. It also included number of hours of sleep (including both day and night).

General physical examination was also done which included recording of pulse, respiratory rate, blood pressure, weight, height, BMI (Body Mass Index), waist hip ratio, pallor, cyanosis, clubbing, icterus and oedema.

- Weight:

A standard manual weighing scale was used for measurement of weight. It was standardized by putting a known weight over it. The weighing machine was placed on a flat surface. The subject was made to stand on machine without shoes and minimum clothes at the centre of platform without touching anything and weight was recorded in kilograms.[149]

- Height:

Narrow, flexible, non-stretchable measuring tape was used for measuring height. The subject was asked to stand along the wall with feet parallel to each other and heels, buttock, shoulders and back of the head touching the wall such that opening of external auditory was at right angle to the wall.[149]

- Body Mass Index (BMI):

It was calculated from the weight and height measurements.

BMI= Weight (kgs)/Height^2 (m^2). The subjects were classified as under according to Asian classification of BMI.[150]

CLASSIFICATION	**BMI**
Underweight	<18.5
Normal	18.5-22.9
Overweight	23-24.9
Obesity	≥25

- Waist circumference(cm)

The midpoint between the lower border of rib cage and iliac crest was marked and circumference of waist at the marked point was measured using same tape. The tape was held firmly and its horizontal position was ensured. The subjects were relaxed and the measurement was taken at the end of a normal expiration. The cut-off points for waist circumference were made in accordance to WHO combined recommendations. Presence of central obesity was considered as waist circumference in men ≥102 cm and in women ≥ 88 cm.[151]

- Hip circumference(cm)

The area laterally at the level of greater trochanter, anteriorly at the level of symphysis pubis and posteriorly at the maximum protrusion of buttocks was measured with the same tape.[150]

- Waist to hip ratio (WHR)

It was calculated as the ratio of waist circumference over hip circumference. High waist hip-ratio being defined as waist-hip ratio in men ≥0.90 and in women ≥0.85. The cut off points for waist hip ratio were made in accordance to WHO recommendations.[150]

Section 3: Nutritional History

It was evaluated through a simple proforma which included the food items taken by the elderly, the quantity of food and number of calories taken in a day. This was based on 24-hour recall method. The calculated number of calories were compared with required number of calories by each subject to find out deficiency or excess. The required number of calories by each subject was calculated by the method stated by WHO i.e after age of 40 years, requirements should reduce by 5 per cent per each decade until age of 60 and by 10 percent for each decade thereafter.[152]

Section 4: Mental Status Examination

The mental status examination was done using mental state questionnaire by Kahn *et al* [153] and adapted by Kohli *et al* [154] This is an instrument for measuring orientation to time, place, person, memory and general information. This was adapted for the rural population of Punjab. It consists of 10simple questions with the interpretation of the score as follows:

Score	**Interpretation**
0-2 errors	Good
3-8 errors	Fair
9-10 errors	Poor

Section 5: Assessment of Depression

Yesavage Geriatric Depression Scale: Short form [155] was used to screen the elderly for depression. It consists of 15 items with total score of 15. Answer to item number 1,5,7,11,13 is a 'No' while the rest of the answers are 'Yes'. The questions were asked as how they felt over the past week. The scale was translated into Hindi & Punjabi language. The interpretation of the score is as follows.

Score	**Interpretation**
0-4	Normal
5-8	Mild depression
9-11	Moderate depression
12-15	Severe depression

Section 6: Assessment of Social Support and Relations

The questionnaire designed by R.S Sarasa Kumari was adapted and used in the present study.[156] It included two sections. The first section consisted of the questions related to social relations and social interaction while second part had questions to assess the social support.

Section 7: Elder Abuse

It was assessed by the self-structured questionnaire. Various forms like physical, emotional, financial abuse and neglect by family members were assessed.

Section 8: Health Care Seeking Behaviour

A self-structured questionnaire was used to inquire about their preference of type of treatment, health care facility availed(both for minor and major ailments collectively), reasons for not utilizing government health facilities, distance from health care facility, availability of transport, time taken to reach there, person accompanying them to the health facility, self-medication, if the elderly was on medication for chronic disease and was regularly taking it or not, adoption of any life style measure recommended to the elderly, medical expenditure per month on consultation and medicines

Section 9: Health Insurance among Elderly

This included questions asking them about awareness of health insurance schemes, whether government or private, details about the enrolled insurance scheme if any, reasons for taking up or not taking up the scheme, reasons of utilising or not utilising the schemes.

Section 10: Assessment of Quality Of Life

Quality of life was assessed using the PGI scale of quality of life (revised form) given by Moudgil *et al*.[157] It is in Hindi language and has been translated into Punjabi language. The scale originally had 26 questions. However, out of these 4 questions were not applicable to elderly and were

deleted. Thus, a questionnaire containing 22 questions was administered. Each question had 5 levels of responses and subjects were asked to indicate their response to each question on 5-point scale, the maximum scoring possible is 110 and minimum is 22. As per the Likert's scale, the standardized quality of life score has been divided into four categories.

Score	**Classification**
110-89	Excellent
88-67	Good
66-45	Fair
22-44	Poor

Study Duration:

The study was conducted from 1st March 2019 to 29th Feb 2020.

Statistical analysis:

Data was described in terms of mean ±standard deviation (± SD), frequencies and relative frequencies (percentages) as appropriate. For comparing categorical data, Chi square ($\chi 2$) test was performed. Multiple binary logistic regression was also used in the study. A probability value (p value) less than 0.05 was considered statistically significant. All statistical calculations were done using SPSS (Statistical Package for the Social Science) 26.

OBSERVATIONS AND RESULTS

Section 1: Socio-Demographic Profile

Table 1: Distribution of subjects according to age N=425

Age (years)	No. of subjects (%)
60-69	196 (46.1)
70-79	159 (37.4)
≥ 80	70 (16.5)
Total	425(100)
Mean age± SD	70.9 ± 7.3 years

Table 1 shows the age wise distribution of study subjects. A total of 425 subjects were interviewed, 196 (46.1%) subjects were in the age group of 60-69 years, 159 (37.4%) in 70-79 years and 70 (16.5%) in the age group of 80 years and above. Mean age of subjects was 70.9 ± 7.3 years.

Table 2: Distribution of subjects according to gender N=425

Gender	No. of subjects (%)
Male	202 (47.5)
Female	223 (52.5)
Total	425 (100)

The gender wise distribution shows that there were 202 (47.5%) males and 223(52.5%) females in the study.

Table 3: Distribution of age of subjects according to gender N=425

Age (years)	Male (%) (n=202)	Female (%) (n=223)
60-69	102 (50.5)	94 (42.2)
70-79	72 (35.6)	87 (39.0)
≥ 80	28 (13.9)	42 (18.8)
Total	202 (100)	223 (100)

Age-wise distribution with respect to gender shows that there were 102 (50.5%) males and 94 (42.2%) females in the age group of 60-69 years, 72 (35.6%) males and 87(39.0%) females in 70-79 years and 28 (13.9%) males and 42 (18.8%) females of 80 years and above. The number of females increased after 70 years of age.

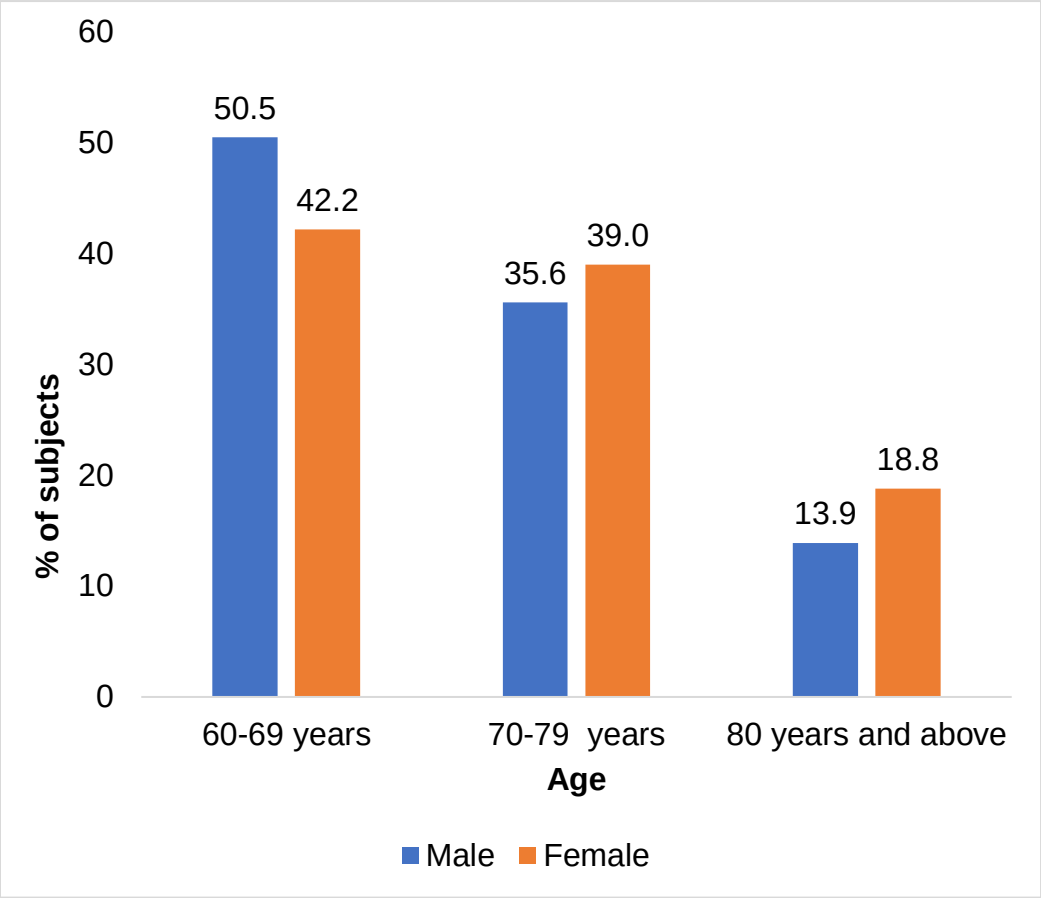

Figure 1: Distribution of age of subjects according to gender

Table 4: Distribution of subjects according to religion N=425

Religion	No. of subjects (%)
Sikh	392 (92.2)
Hindu	27 (6.4)
Muslim	5 (1.2)
Christian	1 (0.2)
Total	425 (100)

The religion wise distribution of subjects showed that majority of them were Sikhs 392 (92.2%). There were 27 (6.4%) Hindus, 5(1.2%) Muslims and only 1 (0.2%) Christian in the study.

Table 5: Distribution of the subjects according to caste N=425

Caste	No. of subjects (%)
General	192 (45.2)
Other Backward Class (OBC)	105 (24.7)
Scheduled caste (SC)	128 (30.1)
Total	425(100)

In the present study it was observed that 192 (45.2%) subjects belonged to General Category, 105 (24.7%) to Other Backward Class and 128 (30.1%) to Scheduled Caste.

Table 6: Distribution of subjects according to marital status N=425

Marital status	No. of subjects (%)
Living with spouse	288 (67.8)
Widower/Widow	129 (30.4)
Unmarried	7 (1.6)
Separated	1 (0.2)
Total	425 (100)

Table 6 shows that 288 (67.8%) subjects were living with their spouse while 129 (30.4%) subjects were either widow or widower. There were 7 (1.6%) subjects who never got married and only 1 (0.2%) was separated from spouse.

Table 7: Distribution of subjects according to their education N=425

Years of schooling	No of subjects (%)
No schooling	206 (48.5)
1-5	95 (22.4)
6-10	109 (25.6)
>10	15 (3.5)
Total	425 (100)

It was observed that 206 (48.5%) subjects had no schooling. There were 95 (22.4%) subjects with 1-5 years of schooling, 109 (25.6%) with 6-10 years and 15 (3.5%) with more than 10 years of schooling.

Table 8: Distribution of subjects according to their present occupation **N=425**

Occupation	Male (%) (n=202)	Female (%) (n=223)
Agriculture/farming	53 (26.2)	-
Business	20 (9.9)	-
Service	3 (1.5)	-
Labour	19 (9.4)	1 (0.4)
Household work	30 (14.9)	204 (91.5)
Not working	77 (38.1)	18 (8.1)
Total	202 (100)	223 (100)

This table shows the present occupation of the subjects. Out of total 202 males, 53 (26.2%) were doing farming, 20 (9.9%) business, 3(1.5%) service, 19(9.4%) labour, 30 (14.9%) household work and 77 (38.1%) were not working. Maximum female subjects 204 (91.5%) were doing household work followed by 18 (8.1%) who did not work and only 1 (0.4%) subject was labourer.

Table 9: Distribution of the subjects according to type of family

N=425

Type of family	No of subjects (%)
Nuclear	59 (13.9)
Joint	366 (86.1)
Total	425 (100)

It was seen that maximum subjects 366(86.1%) resided in a joint family while 59(13.9%) in nuclear family.

Table 10: Distribution of subjects according to socioeconomic status

N=425

Socio-economic status	No. of subjects (%)
Low	9 (2.1)
Low middle	163 (38.4)
High middle	236 (55.5)
High	17 (4.0)
Total	425 (100)

According to Modified Udai Pareek Scale, it was seen that 9 (2.1%) subjects were in low socio-economic group, 163 (38.4%) in low middle, 236 (55.5%) in high middle and 17 (4.0%) in high socio-economic group.

Table 11: Distribution of subjects according to total monthly family income. **N=425**

Total monthly family income (₹)	No. of subjects (%)
<10,000	66 (15.5)
10,001-20,000	52 (12.2)
20,001-30,000	107 (25.2)
>30,000	200 (47.1)
Total	425 (100)
Mean Income ±SD	30345.9 ± 15980.6

In the study, total monthly family income of 66 (15.5%) subjects was less than ₹ 10,000, 52 (12.2%) had income between ₹10,001-20.000, 107 (25.2%) between ₹ 20,001-30,000 and 200 (47.1%) had more than ₹ 30,000. The mean income was ₹30345.9 ± 15980.6.

Table 12: Distribution of subjects according to their financial dependency N=425

Financial dependency	No. of subjects (%)
Independent	26 (6.1)
Partially dependant	270 (63.5)
Fully dependant	129 (30.4)
Total	425 (100)

In the study, it was seen that 26(6.1%) subjects were financially independent, 270(63.5%) partially dependent and 129(30.4%) fully dependent on their family for living.

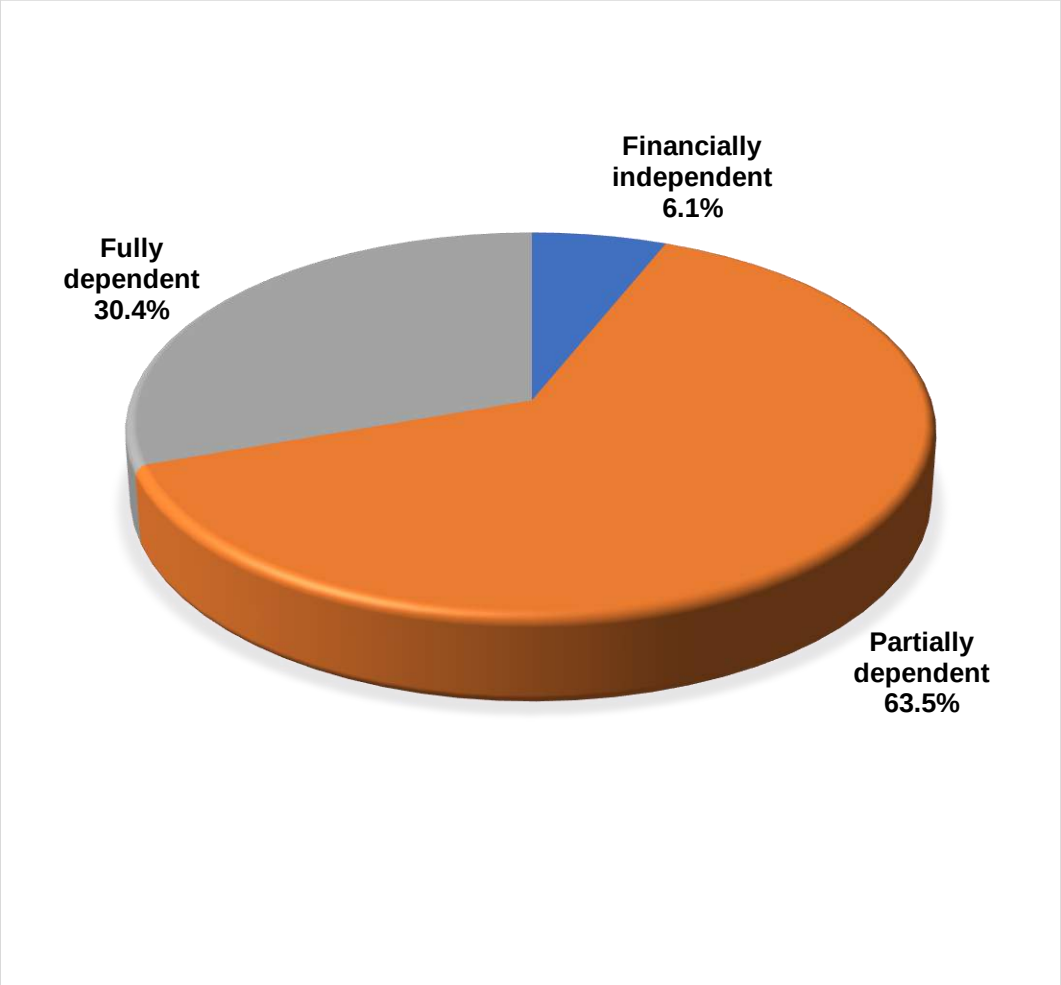

Figure 2: Distribution of subjects according to their financial dependency

Section 2: Medical History

Table 13: Distribution of subjects according to self-reported morbidities N=425

Morbidity	No. of subjects (%)
Coronary artery disease	92 (21.6)
Hypertension	208 (48.9)
Diabetes	91(21.4)
Cataract	76 (17.9)
Arthritis	172 (40.4)
Hearing impairment	180 (42.4)
Cancer	5 (1.2)
Fall and Fracture	77 (18.1)
Skin disease	49 (11.5)
Respiratory disease	23 (5.4)
Urinary incontinence	63 (14.8)
Constipation	122 (28.7)
Gout	18 (4.2)
Others	70 (16.5)

(Total exceeds 'N' due to multiple response)

Table 13 illustrates self-reported morbidities by subjects in last one year.It was observed that 92 (21.6%) subjects suffered from coronary artery disease, 208 (48.9%) from hypertension and 91 (21.4%) from diabetes. Cataract and arthritis were present in 76 (17.9%) and 172 (40.4%) subjects respectively while 180(42.4%) subjects reported hearing impairment. History of cancer and fall/fracture was given by 5 (1.2%) and 77 (18.1%) subjects respectively. There were 49 (11.5%) subjects who suffered from skin disease, 23(5.4%) from respiratory disease, 63(14.8%) from urinary incontinence. Constipation and gout were present in 122 (28.7%) and 18 (4.2%) subjects respectively. History of prolapse was given by 24 (10.7%) of total female subjects. About 16.5% of the subjects had haemorrhoids, hemiplegia, blindness, hypothyroidism, tuberculosis, epilepsy, rheumatoid arthritis or dental problems.

Table 14: Gender wise distribution of subjects according to self-reported morbidities **N=425**

Morbidity	Male (%) (n=202)	Female (%) (n=223)	χ^2(p value)
Coronary artery disease	40 (19.8)	52 (23.3)	0.772 (0.379)
Hypertension	88 (43.6)	120 (53.8)	4.453 (0.034) *****
Diabetes	51 (25.2)	40 (17.9)	3.366 (0.066)
Cataract	31 (15.3)	45 (20.2)	1.685 (0.194)
Arthritis	71 (35.1)	99 (44.5)	3.044 (0.081)
Hearing impairment	77 (38.1)	103 (46.2)	2.826 (0.092)
Cancer	3 (1.5)	2 (0.9)	0.315 (0.574)
Fall and Fracture	26 (12.9)	51 (22.9)	7.142 (0.007) *****
Skin disease	32 (15.8)	17 (7.6)	7.018 (0.008) *
Respiratory disease	12 (5.9)	11 (4.9)	0.210 (0.646)
Urinary incontinence	26 (12.8)	37 (16.6)	1.162 (0.281)
Constipation	52 (25.7)	70 (31.4)	1.651 (0.198)
Prolapse	-	24 (10.7)	-
Gout	9 (4.5)	9 (4.0)	0.046 (0.830)
Others	27 (13.4)	43 (19.3)	2.696 (0.100)

(Total exceeds 'N' due to multiple response)
**p<0.05- significant*

This table shows the morbidity profile with respect to gender. Out of 202 males and 223 females, coronary artery disease was present in 40(19.8%) males and 52(23.3%) females and the difference was non-significant. Hypertension was present in 88 (43.6%) males and 120 (53.8%) females

respectively and their difference was found to be significant. Presence of diabetes was revealed by 51 (25.2%) males and 40 (17.9%) females. The difference between males and females was insignificant. Hearing impairment was found in 77 (38.1%) males and 103 (46.2%) females. Cataract was reported by 31 (15.3%) males and 45 (20.2%) females, arthritis by 71 (35.1%) males and 99 (44.5%) females and cancer by 3 (1.5%) males and 2 (0.9%) females. There was no significant difference between prevalence of arthritis between males and females. History of fall and fracture within past one year was given by 26 (12.9%) males and 51(22.9%) females and the difference was statistically significant. There were 32 (15.8%) males and 17 (7.6%) females suffering from a skin disorder and the difference was found to be statistically significant. Respiratory disease was present in 12 (5.9%) males and 11 (4.9%) females, urinary incontinence in 26 (12.8%) males and 37 (16.6%) females. Constipation was reported by 52 (25.7%) males and 70(31.4%) females and gout by 9 (4.5%) males and 9 (4.0%) females. History of prolapse was given by 24 (10.7%) females. Around 13% males and 19% females had haemorrhoids, hemiplegia, blindness, hypothyroidism, tuberculosis, epilepsy, rheumatoid arthritis or dental problems.

Table 15: Distribution of subjects according to their past surgical history **N=425**

Past history	Male (%) (n=202)	Female (%) (n=223)
Cataract surgery	73 (36.1)	88 (39.5)
Hysterectomy	-	31 (13.9)
Cholecystectomy	5 (2.5)	13 (5.8)
Herniectomy	5 (2.5)	2 (0.9)
Hip replacement	3 (1.5)	-
Haemorrhoidectomy/prostatectomy	2 (0.9)	-

(Multiple response)

Table no. 15 reveals surgical history of the subjects in the past, 73 (36.1%) males and 88 (39.5%) females underwent cataract surgery,31 (13.9%) females underwent hysterectomy. There were 5 (2.5%) males and 13 (5.8%) females who had undergone cholecystectomy, while 5 (2.5%) males and 2 (0.9%) females underwent herniectomy. History ofhip replacement was given by 3 (1.5%) male subjects. Only 2 (0.9%) males had haemorrhoidectomy or prostatectomy.

Table 16: Distribution of subjects according to substance use

N=202

Substance use	No of subjects (%)
Yes	93 (46.0)
No	109 (54.0)
Total	202 (100)

Substance use was present among male subjects only as no female reported its use. Out of total 202 males, 93 (46.0%) of them were using one substance or other while 109 (54.0%) had no history of substance use.

Table 17: Distribution of subjects according to different types of substance use **N=93**

Type of substance use	No of subjects (%)
Alcohol	79 (84.9)
Smoke	11 (11.8)
Bhukki/Dodde*	12 (12.9)
Others	7 (7.5)

(Total exceeds 'N' due to multiple response)
**Bhukki/Dodde is derivative of opium*

In the study, out of 93 subjects, 79 (84.9%) were consuming alcohol, 12 (12.9%) used bhukki/dodde and 11 (11.8%) used to smoke. There were 7 (7.5%) subjects who were chewing tobacco/Jarda.

Table 18: Distribution of subjects according to the total number of hours of sleep/day **N=425**

No of hours of sleep/day	Male (%) (n=202)	Female (%) (n=223)
<6	32 (15.8)	69 (30.9)
>6	146 (84.2)	178 (69.1)
Total	202 (100)	223 (100)

Table no 18shows maximum number of males 146 (84.2%) and females 178 (69.1%) had more than 6 hours of sleep in a day while 32 (15.8%) males and 69 (30.9%) females used to sleep for less than 6 hours a day.

Table 19: Distribution of females according to their age at menopause

N=223

Age at menopause(years)	No. of females (%)
<40	13 (5.8)
40-44	42 (18.8)
45-49	118 (53.0)
≥50	50 (22.4)
Total	223 (100)
Mean age ± SD	46.3 ± 3.7 years

It was seen that 13 (5.8%) of the female subjects attained menopause before 40 years of age, 42 (18.8%) between 40-44 years, 118 (53.0%) between 45-49 years and 50 (22.4%) beyond 50 years of age. The mean age at menopause was 46.3 ± 3.7 years.

Table 20: Distribution of subjects according to their BMI N=419

BMI	Male (n=200)	Female (n=219)	No of subjects (%) (N=419)
Underweight	17 (8.5)	20 (9.1)	37 (8.8)
Normal	85 (42.5)	59 (27.0)	144 (34.4)
Overweight	42 (21.0)	32 (14.6)	74 (17.7)
Obese	56 (28.0)	108 (49.3)	164 (39.1)
Total	200 (100)	219 (100)	419 (100)

(According to Asian classification of BMI)[150]

Body mass index of the subjects was calculated using Asian classification of BMI. It was calculated for 419 subjects as two of them were bed ridden and height of four patients could not be measured due to their inability to stand erect against the wall (2 males and 4 females were excluded). It was observed that 17 (8.5%) males and 20 (9.1%) females were underweight, 85 (42.5%) males and 59 (27.0%) females were within normal range of BMI while 42 (21.0%) males and 32 (14.6%) females were overweight. Obese subjects constituted 39.1% of the study population out of which 56 (28.0%) and 108 (49.3%) were males and females respectively

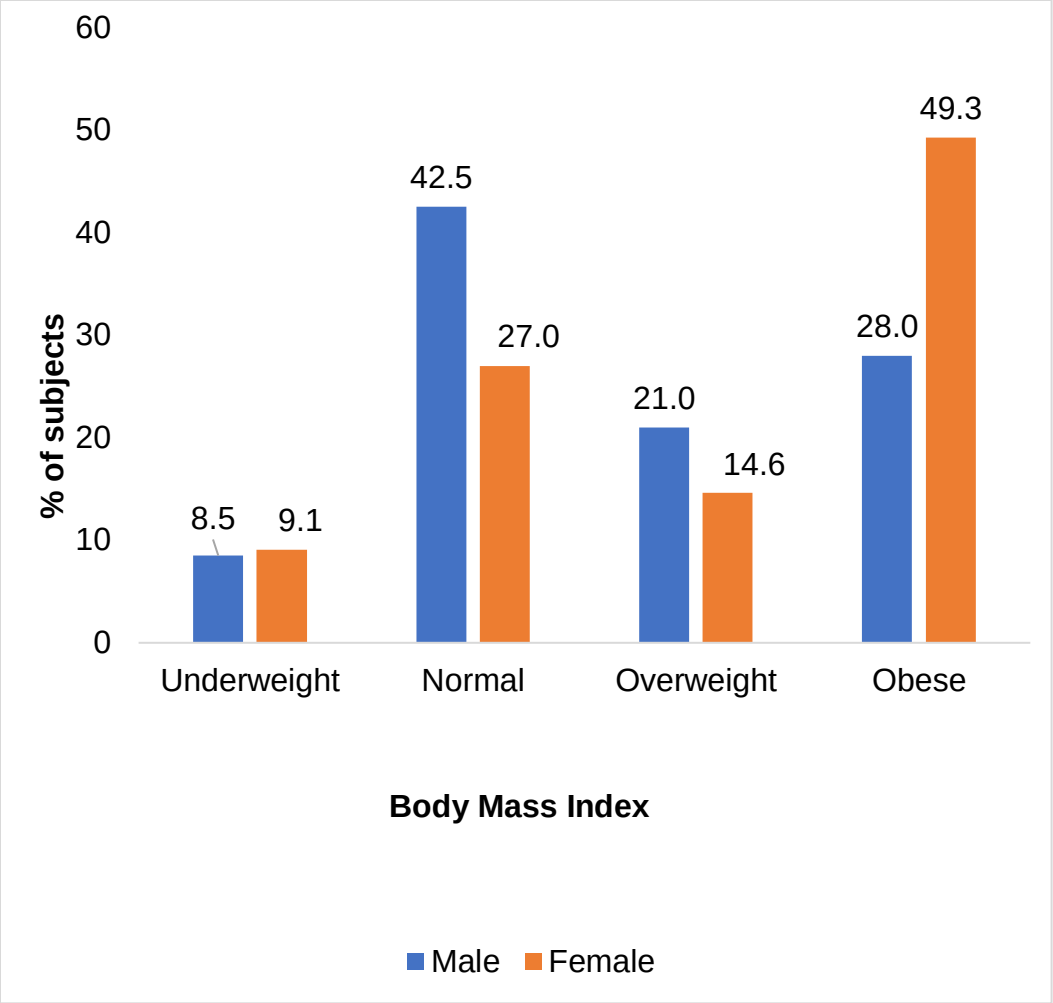

Figure 3: Distribution of the subjects according to their (BMI)

Section 3: Nutritional history

Table 21: Distribution of subjects according to calorie intake per day

N=425

Calorie intake	No. of subjects (%)
Adequate	133 (31.3)
Deficient in calories	98 (23.0)
Excess in calories	194 (45.7)
Total	425 (100)

The calorie intake of the subjects per day was estimated using 24 hr recall method. The number of calorie intake in a day was compared to recommended dietary allowance according to age of each subject[152] and the subjects were categorised as having adequate calorie intake, deficient and excess calorie intake per day. Daily calorie intake was adequate in 133 (31.3%) subjects, deficient in 98 (23.0%) subjects and excess in 194 (45.7%) subjects.

Section 4: Mental Status Examination

Table 22: Distribution of subjects according to their mental status

N=425

Mental status	No. of subjects (%)
Good	219 (51.5)
Fair	201 (47.3)
Poor	5 (1.2)
Total	425 (100)

The table reveals the mental status of subjects which was assessed using mental state questionnaire by Kahn.[153] It was found that 219 (51.5%) subjects had good mental status, 201(47.3%) had fair and only 5 (1.2%) showed poor mental status.

Section 5: Depression

Table 23: Depression among study subjects as per Geriatric Depression Scale-Short Form N=425

Depression	No. of subjects (%)
Yes	181 (42.6)
No	244 (57.4)
Total	425 (100)

The subjects were screened for depression using Geriatric Depression Scale: Short form.[155] It was found that out of 425 subjects,181 (42.6%) were having depression.

Table24: Distribution of subjects according to the severity of depression N=181

Severity of depression	No. of subjects (%)
Mild Depression	145 (80.1)
Moderate Depression	28 (15.5)
Severe Depression	8 (4.4)
Total	181(100)

On screening the subjects for depression, 181 were found to have depression. Out of which 145 (80.1%) were having mild depression, 28 (15.5%) had moderate and only 8 (4.4%) had severe depression.

Section 6: Social support and interactions

Table 25: Distribution of subjects according to their social support

N=425

Questions	Response	No. of subjects (%)
Do you have someone who listens you when you need?	Yes	420 (98.8)
Do you have someone to depend upon for physical support?	Yes	419 (98.6)
Do have someone who will help you in crises?	Yes	417 (98.1)

This table shows that majority420 (98.8%) of subjects had someone to talk when they needed, 419 (98.6%) subjects had someone to depend on for physical support and 417(98.1%) had someone to help them in crisis.

Table 26: Distribution of the subjects according to their involvement in decision making in the family. **N=425**

Involvement in decision making in family	No of subjects (%)
Yes	333 (78.4)
No	92 (21.6)
Total	425 (100)

Subjects were inquired about their involvement in decision making in important family matters and it was seen that majority of the subjects 333 (78.4%) were involved in decision making in family while 92 (21.6%) were not involved.

Table 27: Distribution of the subjects according to their participation in social gatherings N=425

Participation in social gatherings	No. of subjects (%)
Often	100 (23.5)
Sometimes	287 (67.5)
Never	38 (9.0)
Total	425 (100)

Participation in social gatherings is greatly affected in old age. The study subjects were inquired about their social participation in last year keeping in mind their physical and mental health. It was observed that 100 (23.5%) subjects participated often, 287 (67.5%) participated sometimes and 38 (9.0%) did not participate in social gatherings during last one year.

Section 7: Elder Abuse

Table 28: Distribution of the subjects according to abuse reported by them **N=425**

Abuse reported	No. of subjects (%)
Yes	120 (28.2)
No	305 (71.8)
Total	425 (100)

There were 120 (28.2%) subjects who had experienced some form of abuse in the study.

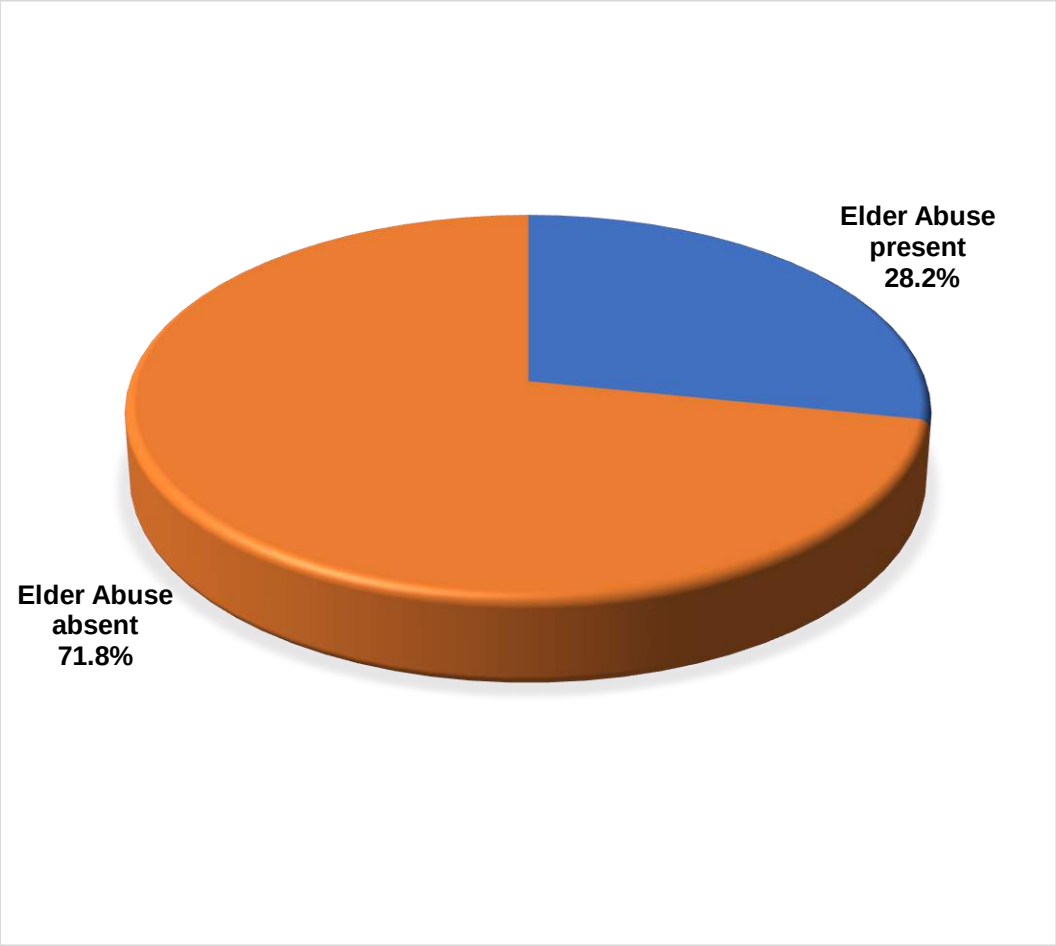

Figure 4: Distribution of subjects according to abuse

Table 29: Distribution of the subjects according to type of abuse reported

N=120

Type of abuse	No. of subjects (%)
Physical abuse	11 (9.2)
Verbal abuse	98 (81.7)
Financial abuse	66 (55.0)
Neglect	6 (5.0)

(Total exceeds 'N' due to multiple response)

A total of 120 subjects reported some kind of abuse. Out of which 11 (9.2%) and 98 (81.7%) subjects had experienced physical and verbal abuse respectively whereas financial abuse and neglect was reported by 66 (55.0%) and 6 (5.0%) subjects respectively.

Section 8: Health Care Seeking Behaviour

Table 30: Distribution of subjects according to preference of type of treatment N=425

Type of treatment	No of subjects (%)
Allopathic	401 (94.4)
Ayurvedic	255 (60.0)
Home remedy	103 (24.2)
Homeopathic	100 (23.5)
Sought no treatment	19 (4.5)

(Total exceeds 'N' due to multiple response)

The study subjects were asked about their preference for type of treatment during illness. This table depicts that maximum subjects 401 (94.4%) preferred allopathic form of medicine followed by ayurvedic 255 (60.0%) while 100 (23.5%) preferred homeopathy. There were 103 (24.2%) subjects who used home remedy while 19 (4.5%) sought no treatment for minor illness.

Table 31: Distribution of subjects according to person consulted during illness N=425

Person consulted during illness	No. of subjects (%)
Doctor	389 (91.5)
Over the counter/chemists	311 (73.2)
Quack	188 (44.2)
Faith healer	106 (24.9)

(Total exceeds 'N' due to multiple response)

In the study, it was observed that majority of subjects 389 (91.5%) consulted doctors at government/private health facility during illness. There were 311 (73.2%) subjects who took medicines over the counter/visited chemist, 188

(44.2%) sought treatment from quacks. Around 25% subjects went to faith healers during illness.

Table 32: Distribution of subjects according to utilization of government health care facility N=425

Utilise government health care facility	No. of subjects (%)
Yes	272 (64.0)
No	153 (36.0)
Total	425 (100)

Out of 425 subjects, 272 (64.0%) subjects reported utilisation of government health facility during illness while 153 (36.0%) preferred other health care facility.

Table 33: Distribution of subjects according to reasons for not utilising government health facility N=153

Reasons	No. of subjects (%)
Non-availability of medicines	53 (34.6)
Trust in particular doctor	44 (28.8)
Poor attitude of health care providers	18 (11.8)
Long waiting period	12 (7.8)
Quality of drugs/health care	17 (11.1)
Other health facility closer	14 (9.2)
Non-availability of doctors	8 (5.2)

(Total exceeds'N' due to multiple response)

The subjects who did not utilise government health facility were asked about the reasons for the same. Out of total 153 subjects, 53 (34.6%) complained that all medicines are not available at the facility, 44 (28.8%) had trust in particular doctor and 18 (11.8%) were disappointed by poor attitude of health care providers at the facility. There were 17 (11.1%) subjects unsatisfied with quality of drugs/care provided at the facility and 12 (7.8%) reported long waiting period. The others reasons given by the subjects were that other health care facility was closer to their home 14 (9.2%) and 5.2% of them reported non-availability of doctors at government health facility.

Table 34: Distribution of subjects according to self-medication practice N=425

Self-medication practice	No. of subjects (%)
Yes	273 (64.2)
No	152 (35.8)
Total	425 (100)

Table 34 shows that 273 (64.2%) subjects practised self-medication for some illness in last one year whereas 152 (35.8%) did not take any medication on their own without prescription in the last one year.

Table 35: Distribution of subjects according to distance between home and facility visited during illness N=425

Distance (km)	No. of subjects (%)
<1	185 (43.5)
1-3	93 (21.9)
3-6	104 (24.5)
6-10	113 (26.6)
>10	95 (22.4)

(Total exceeds 'N' due to multiple response)

It was seen that subjects visited doctor, quack, chemist or faith healer during time of illness. They were asked about the facility visited at the time of illness during last one year and its approximate distance from home. It was revealed that 185 (43.5%) subjects visited the facility within 1 km, 93 (21.9%) within 1-3 kms, 104 (24.5%) within 3-6 kms, 113 (26.6%) within 6-10 kms from home. There were 95 (22.4%) subjects who visited the facility more than 10 kms away from home.

Table 36: Distribution of subjects according to person accompanying to the health facility **N=425**

Person accompanying to health facility	No. of subjects (%)
Yes	289 (68.0)
No	136 (32.0)
Total	425 (100)

Table no. 36 depicts the distribution of subjects according to the availability of accompanying person to the health facility. There were 289 (68.0%) subjects who were accompanied by either a family member or neighbour or friend to the facility while 136 (32.0%) were not accompanied by anyone.

Table 37: Distribution of subjects according to prescribed medication for chronic diseases **N=425**

Prescribed medication	No. of subjects (%)
Yes	304 (71.5)
No	121 (28.5)
Total	425 (100)

It was observed 304 (71.5%) subjects were prescribed medication for a chronic disease like hypertension, diabetes, coronary artery disease, arthritis etc. Out of 304 subjects, 103 have been taking the medication regularly.

Table 38: Distribution of subjects according to average medical expenditure per month N=425

Medical expenditure per month (₹)	No. of subjects (%)
<1000	350 (82.4)
1000-3000	71 (16.7)
>3000	4 (0.9)
Total	425 (100)
Mean ± SD	₹ 639.8 ± 823.8

Majority of subjects 350 (82.4%) were incurring monthly medical expenditure less than ₹1000, 71 (16.7%) between ₹ 1000-3000 while 4 (0.9%) subjects were spending more than ₹3000on medical expenses per month. Of total 425 subjects, 137 (32.2%) were bearing their medical expenditure themselves while 228 (53.6%) were dependant on their family for it. Expenditure of 60 (14.1%) subjects was borne by themselves and family both. Mean monthly expenditure was ₹ 639.8 ± 823.8 and annual expenditure was ₹7677.6 ± 9885.6.

Section 9: Health Insurance

Table 39: Distribution of subjects according to awareness regarding health insurance schemes N=425

Awareness regarding health insurance scheme	No. of subjects (%)
Yes	190 (44.7)
No	235 (55.3)
Total	425 (100)

In the study, it was seen that 190 (44.7%) subjects were aware of any health insurance scheme. More than half 235 (55.3%) of the subjects were unaware of such scheme.

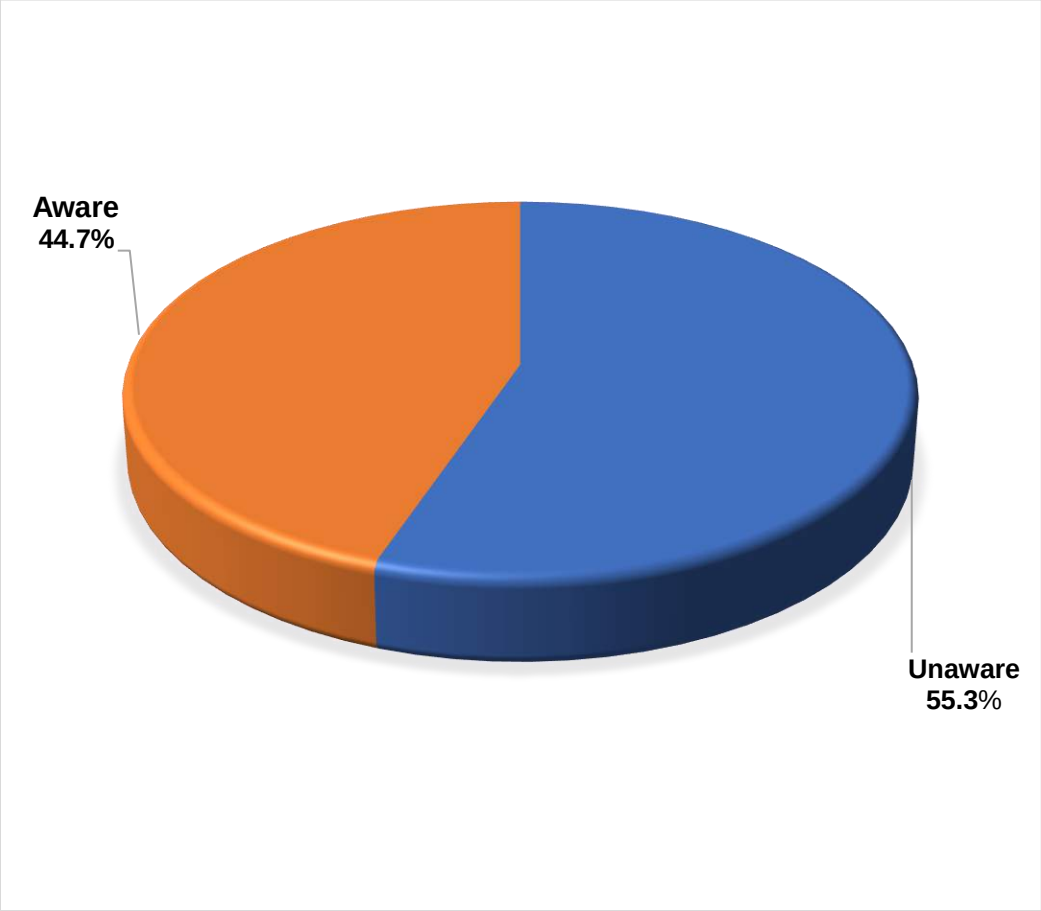

Figure 5: Distribution of the subjects according to awareness regarding health insurance

Table 40: Distribution of the subjects according to their awareness regarding the type of health insurance scheme N=425

Awareness regarding type of scheme	No of subjects (%)
Government	177 (93.1)
Private	10 (5.3)
Both government and private	3 (1.6)
Total	190 (100)

Out of total 190 subjects who were aware of a health insurance, majority 177 (93.1%) knew about a government health insurance scheme and 10 (5.3%) were aware about a private scheme. Only 3 (1.6%) were aware of both government and private schemes.

Table 41: Distribution of the subjects according to their enrolment in the health insurance scheme N=425

Enrolled in health insurance scheme	No of subjects (%)
Yes	120 (28.2)
No	305 (71.8)
Total	425 (100)

Of total 425 subjects,120 (28.2%) were enrolled in one of them and 305 (71.8%) were not enrolled in any of the schemes. Among the 190 subjects who were aware of any scheme, 63.2% had taken insurance scheme.

Table 42: Distribution of subjects according to reasons for not enrolling N=425

Reasons for not enrolling	No of subjects (%)
Unaware	235 (55.3)
Not required	27 (6.4)
Not taken by friends/relatives	16 (3.8)
Narrow policy option	13 (3.0)
No benefit	10 (2.6)
No illness	4 (1.0)
No financial constraint	1 (0.2)
Others	8 (1.9)

(Multiple response)

Out of total 305 subjects who did not enrol in any health insurance scheme, 235 (55.3%) were unaware of any health insurance scheme, 27 (6.4%) opined it was not required by them, 16 (3.8%) said that it was not taken by their friends/relatives, 13 (3.0%) felt the scheme have narrow policy options, 10 (2.6%) stated such schemes are of no benefit and 4 (1.0%) said they had no illness. About 2.1 % of the subjects as they were not eligible or could not enrol in specified time period or had no financial constraints.

Table 43: Distribution of subjects according to enrolment in different types of health insurance schemes **N=120**

Scheme type	No of subjects (%)
Government	91 (75.8)
Private	7 (5.8)
Health insurance through employer	22 (18.4)
Total	120 (100)

There were 120 subjects who had taken a health insurance scheme, out of which 91 (75.8%) were enrolled in a government scheme, 7 (5.8%) in private insurance scheme while 22 (18.4%) had employer based health insurance.

Table 44: Distribution of the subjects according to members covered in the health insurance scheme **N=120**

Members covered under scheme	No of subjects (%)
Individual /Individual and spouse	6 (5.0)
All family members	114 (95.0)
Total	120 (100)

Table 44 reveals the members covered under the scheme. Of 120 subjects who had taken health insurance, 114 (95.0%) subjects had insured all the family members. Only 6 (5.0%) subjects were having health insurance cover for themselves or along with their spouse.

Table 45: Distribution of the subjects with respect to last premium paid

N=120

Last premium paid	No of subjects (%)
Yes	80 (66.7)
No	40 (33.3)
Total	120 (100)

The subjects were asked about the time when the last premium was paid by them. It was seen that 80 (66.7%) subjects had paid the premium within last year while 40 (33.3%) did not pay it in last year.

Table 46: Distribution of the subjects according to annual premium of the health insurance scheme **N=80**

Annual premium (₹)	No of subjects (%)
<6000	45 (56.3)
>6000	35 (43.7)
Total	80 (100)

It was seen that out of 80 subjects who paid the last premium of health insurance scheme, 45 (56.3%) paid annual premium of less than ₹6000 while 35 (43.7%) paid more than ₹6000 per year.

Table 47: Distribution of subjects with respect to utilisation of health insurance scheme **N=120**

Utilised the scheme	No of subjects (%)
Yes	41 (34.2)
No	79 (65.8)
Total	120 (100)

Out of 120 subjects enrolled, 41(34.2%) had utilised the health insurance scheme atleast once in their lifetime while 79 (65.8%) didn't utilise it. Maximum subjects (68.3%) had availed benefits for IPD services followed by OPD services (31.7%).

Section 10: Quality of Life

Table 48: Distribution of subjects according to their perceived quality of life N=425

Quality of life	No of subjects (%)
Excellent	71 (16.7)
Good	212 (49.9)
Fair	128 (30.1)
Poor	14 (3.3)
Total	425 (100)

Quality of life of the subjects was assessed using PGI Quality of life.[157] It was seen that 71 (16.7%) and 212 (49.9%) had excellent and good quality of life respectively while 128 (30.1%) and 14 (3.3%) subjects had fair and poor quality of life respectively.

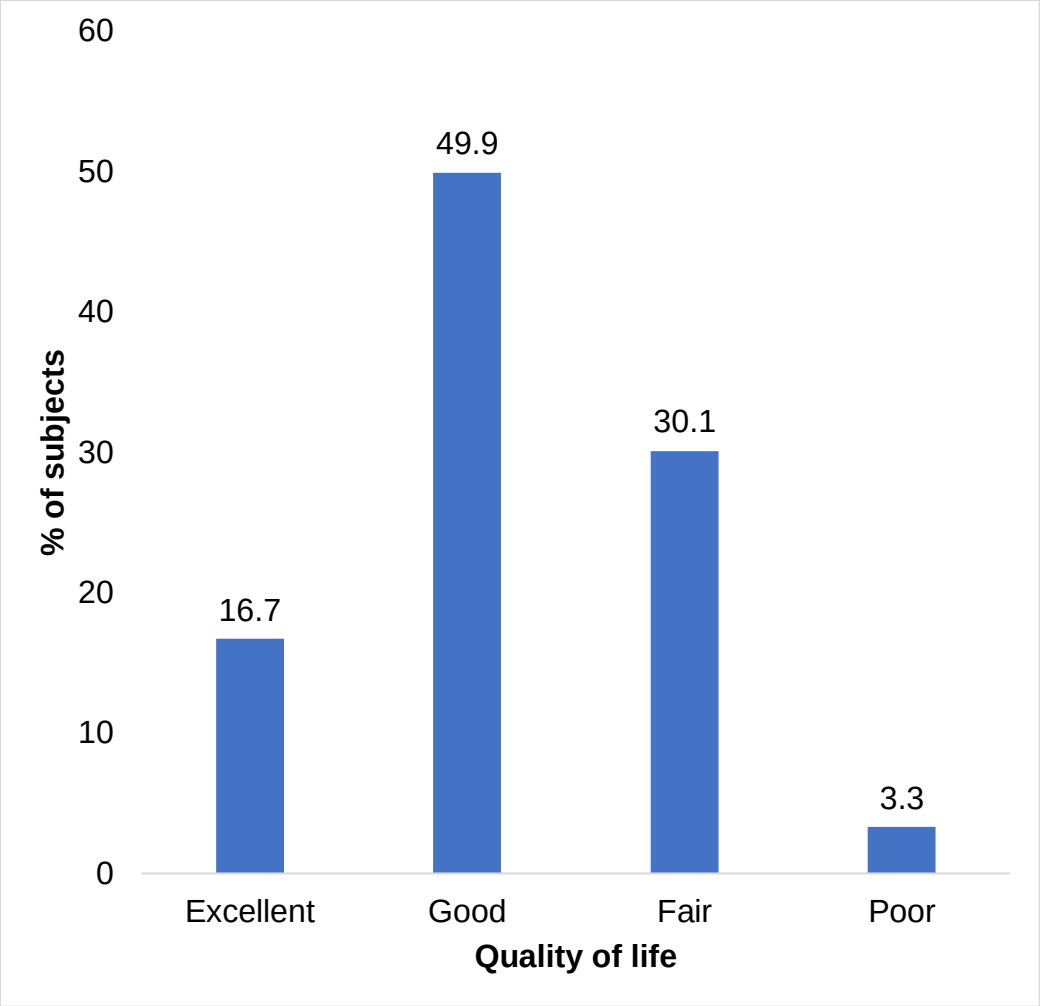

Figure 6: Distribution of subjects according to their perceived quality of life

Associations

Table 49: Association of mental state with age of subjects

Age(years)	Mental state			Total (N=425)
	Good (n=219)	Fair (n=201)	Poor (n=5)	
60-69	109 (55.6)	86 (43.9)	1 (0.5)	196 (100)
70-79	85 (53.5)	74 (46.5)	-	159 (100)
≥80	25 (35.7)	41 (58.6)	4 (5.7)	70 (100)

(Figures in parentheses indicate percentage)
Chi square: 21.394, df: 4, p=0.000(significant)

It was observed that good mental state showed decline with advancement in age and fair mental state increased with increase in age. There were 5.7% subjects in age group of 80 years or more having poor mental state. The association between mental state and age was statistically significant.

Table 50: Association of depression with age of subjects

Age (years)	Depression		Total (N=425)
	Yes (n=181)	No (n=244)	
60-69	75 (38.3)	121 (61.7)	196 (100)
70-79	60 (37.7)	99 (62.3)	159 (100)
≥80	46 (65.7)	24 (34.3)	70 (100)

(Figures in parentheses indicate percentage)
Chi square: 18.340, df: 2, p=0.000 (significant)

On screening the subjects for depression with Geriatric Depression Scale: Short Form, it was found that 181 subjects had depression. The prevalence of depression increased with increase in age. Two-third (65.7%) of subjects aged 80 years or above were having depression. Depression with respect to age was found to be statistically significant.

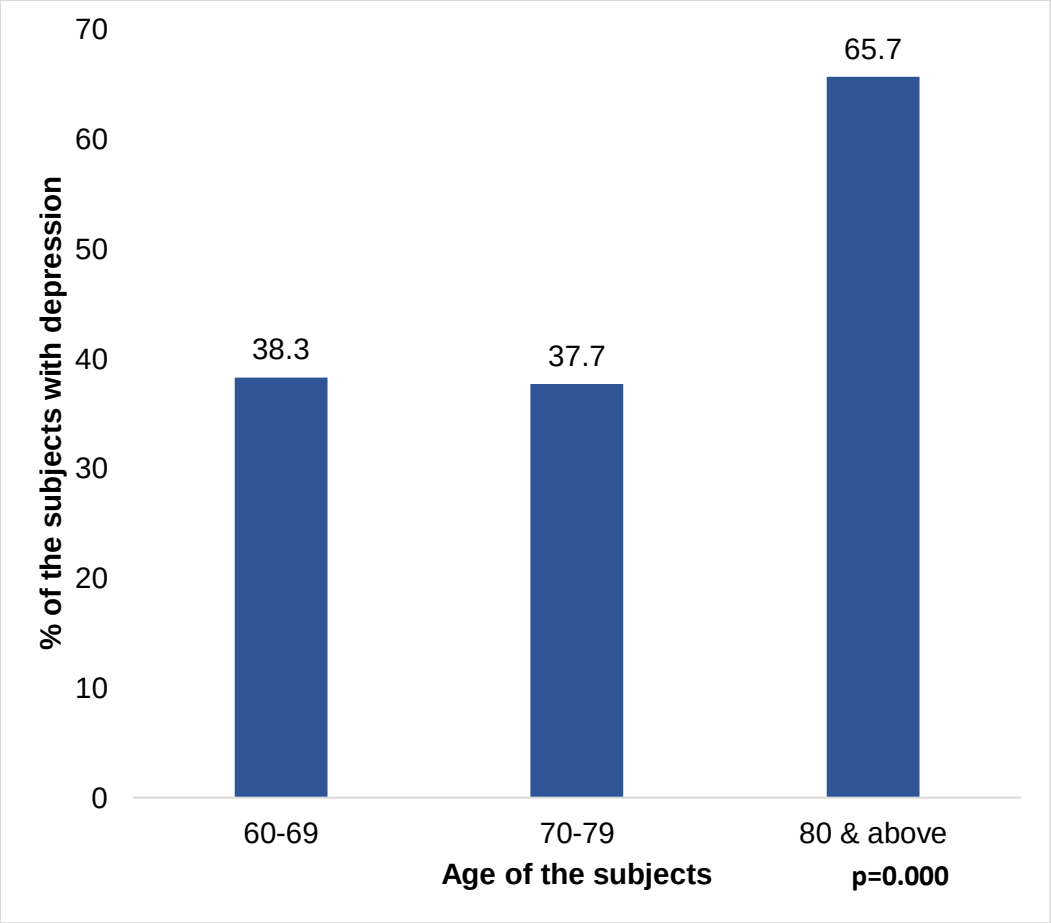

Figure 7: Association of depression with age of the subjects

Table 51: Association of Depression with gender of the subjects

Gender	Depression		Total (N=425)
	Yes (n=181)	No (n=244)	
Male	76 (37.6)	126 (62.4)	202
Female	105 (47.1)	118 (52.9)	223

(Figures in parentheses indicate percentage)
Chi square: 3.881, df:1, p=0.049(significant)

In the present study, of total 202 males and 223 females in the study, depression was seen in nearly one third of males and almost half of females. The association was statistically significant.

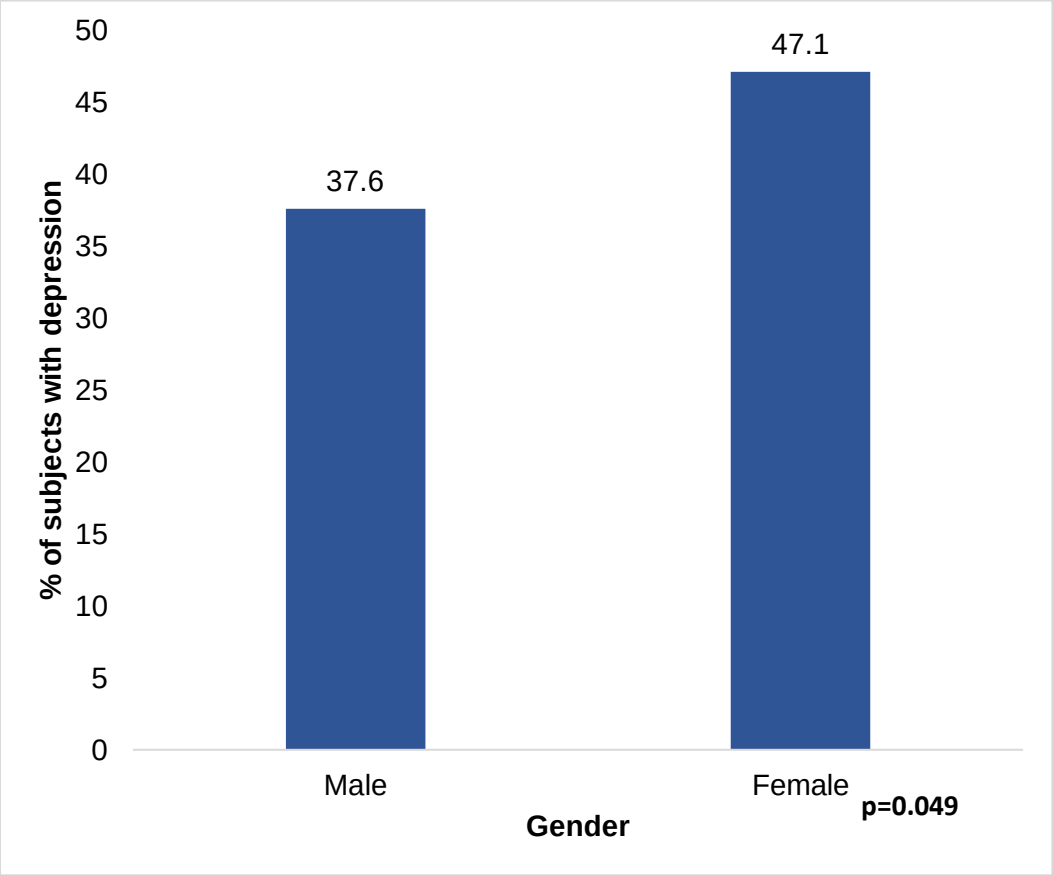

Figure 8: Association of depression with gender of the subjects

Table 52: Association of depression with marital status of the subjects

Marital status	Depression		Total (N=425)
	Yes (n=181)	No (n=244)	
Living with spouse	107 (37.2)	181 (62.8)	288 (100)
Living without spouse	74 (54.0)	63 (46.0)	137 (100)

(Figures in parentheses indicate percentage)
Chi square: 10.795, df: 1, p=0.001(significant)

During old age, loneliness and loss of spouse are major triggers of depression. This table shows association between depression and marital status. Depression was more common among the subjects living without spouse (54.0%) as compared to those living with spouse (37.2%). There was significant association between depression and marital status.

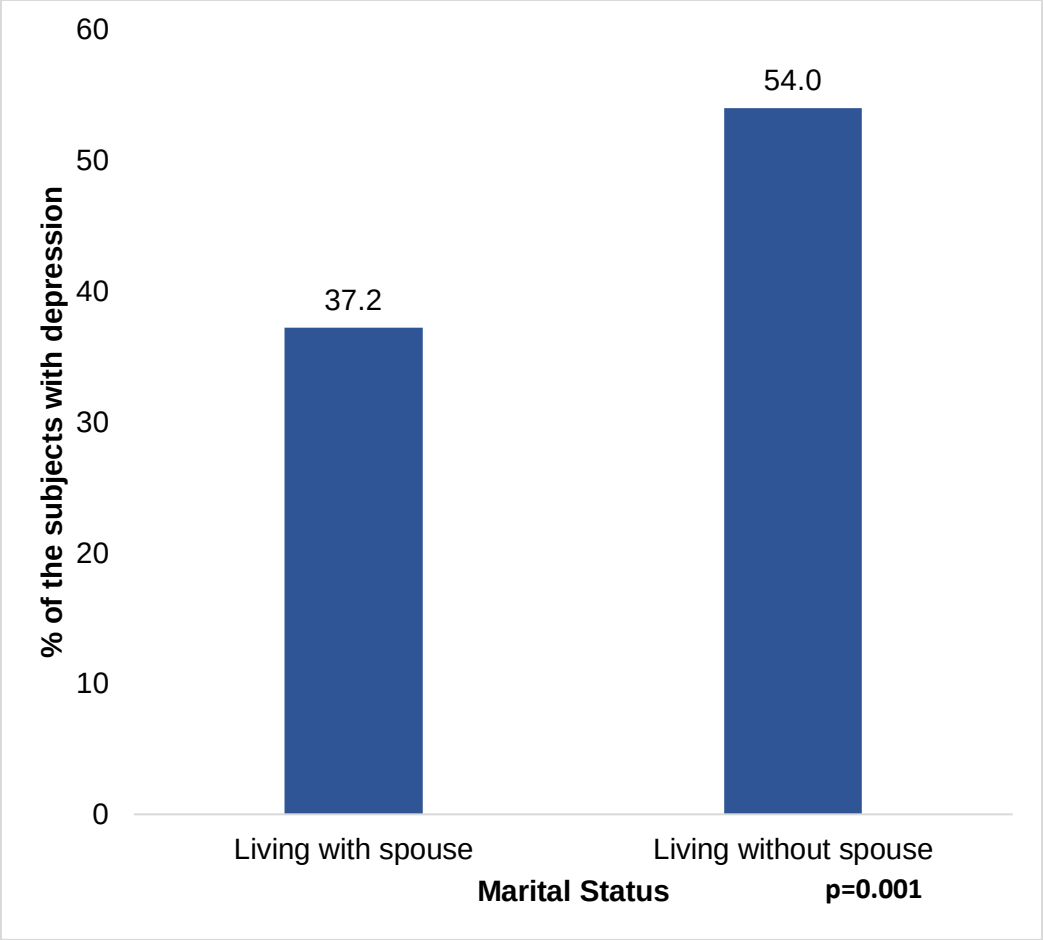

Figure 9: Association of depression with marital status of the subjects

Table 53: Multivariate logistic regression analysis for risk factors of Depression among study subjects

Variable	Odd's Ratio (95%CI)	p-value
Age	0.840 (0.612 - 1.152)	0.278
Gender	0.774 (0.504 - 1.186)	0.239
Marital status	0.728 (0.444 - 1.193)	0.207
Type of family	2.076 (1.109 - 3.885)	0.022*
Socio-economic status	2.455 (1.679 - 3.590)	0.000*
Involvement in decision making	0.343 (0.201 - 0.585)	0.000*

**P<0.05 is significant*

Binary logistic regression analysis model was performed using depression as dependent variable and factors like age, gender, marital status, type of family, socio-economic status and involvement in decision making as independent variables.

Table 53 reveals that after performing binary logistic regression, it was found that nuclear family (OR 2.076, 95%CI 1.109-3.885), low socio-economic status (OR 2.455 95% CI 1.679-3.590) and no involvement indecision making (OR 0.343, 95%CI 0.201-0.585) were the independent risk factors for geriatric depression.

Table 54: Association between quality of life with age of subjects

Age (years)	Quality of life				Total (N=425)
	Excellent (n=71)	Good (n=212)	Fair (n=128)	Poor (n=14)	
60-69	42 (21.4)	93 (47.4)	54 (27.6)	7 (3.6)	196
70-79	23 (14.5)	83 (52.2)	51 (32.1)	2 (1.3)	159
≥80	6 (8.6)	36 (51.4)	23 (32.9)	5 (7.1)	70

(Figures in parentheses indicate percentage)
Chi square : 12.305, df:6, p=0.055

Quality of life is determined by various domains like physical, psychological health, social relations and these domains are affected with age. PGI quality of life scale was used to assess the quality of life among the elderly. It was observed that proportion of subjects having excellent quality of life decreased as the age advanced while those having poor quality of life increased with increase in age. The proportion of subjects having good/fair quality of life was almost similar among all the age groups. The association between quality of life and age of subjects was found to be statistically non-significant.

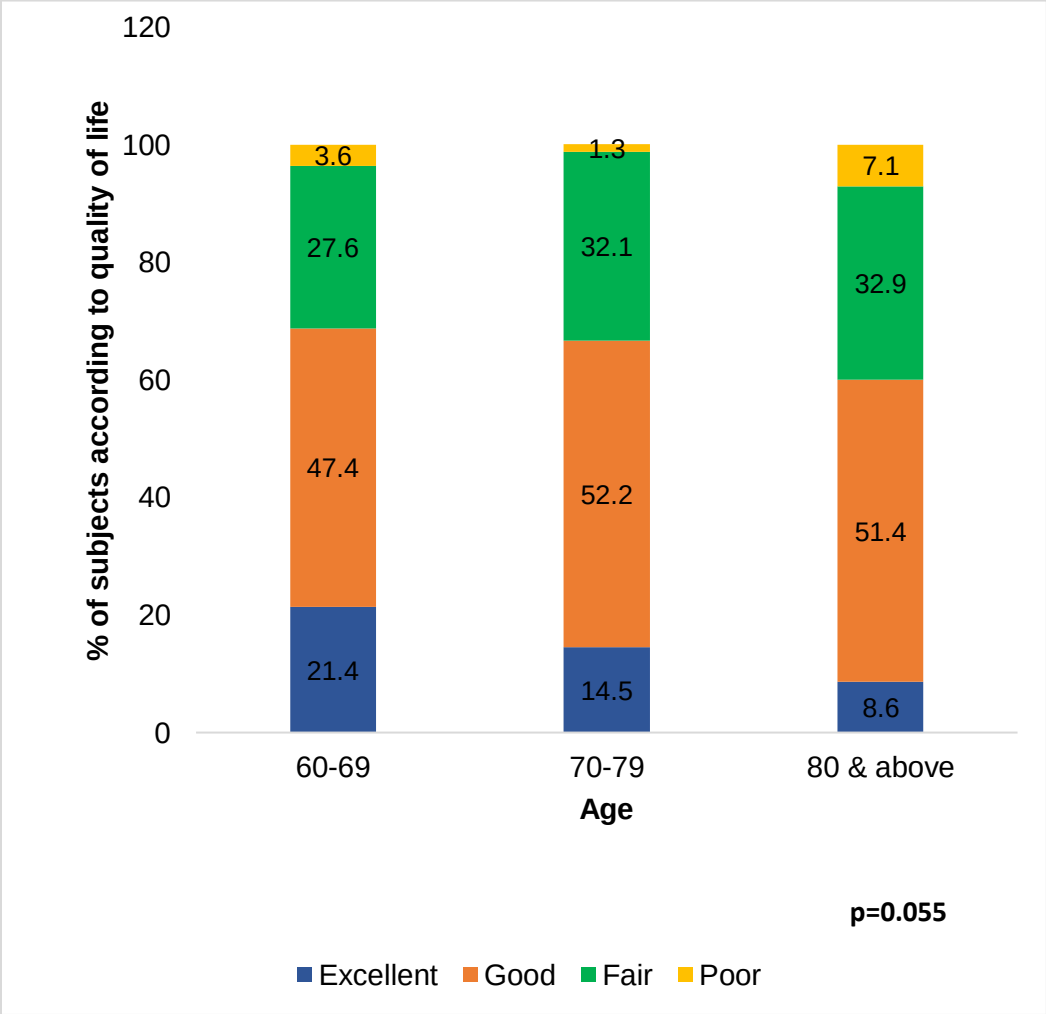

Figure 10: Association of quality of life with age of the subjects

Table 55: Association of quality of life with Socio-economic status of subjects

Socio-economic status	Quality of life				Total (N=425)
	Excellent (n=71)	Good (n=212)	Fair (n=128)	Poor (n=14)	
Low	-	2 (22.2)	5 (55.6)	2 (22.2)	9
Low middle	14 (8.6)	80 (49.1)	60 (36.8)	9 (5.5)	163
High middle	50 (21.2)	123 (52.1)	60 (25.4)	3 (1.3)	236
High	7 (41.2)	7 (41.2)	3 (17.6)	-	17

(Figures in parentheses indicate percentage)
Chi square:41.455 df: 3, p=0.000 (significant)

Table 55 shows the association between quality of life and socio-economic status. For analysis purpose, the four categories were combined to form two main categories i.e 'low and low middle group' and 'high and high middle group'. It was found higher proportion of subjects (three-fourth) from high and high middle socio-economic group had excellent/good quality of life as compared to those belonging to low and low middle socio-economic group (55.8%). One fourth of the subjects (28.1%) from low and low middle group had fair/poor quality of life. The association between quality of life and socio-economic status was statistically significant.

Table 56: Association between quality of life with involvement of study subjects in decision making in family

Involvement in decision making in family	Quality of life				Total (N=425)
	Excellent (n=71)	Good (n=212)	Fair (n=128)	Poor (n=14)	
Yes	69 (20.7)	178 (53.5)	80 (24.0)	6 (1.8)	333
No	2 (2.2)	34 (37.0)	48 (52.2)	8 (8.6)	92
Total	71	212	128	14	425

(Figures in parentheses indicate percentage)
Chi square: 48.141, df:3, p=0.000(significant)

It was seen in the study that a total of 333 subjects were involved in decision making in family. Out of which, 20.7% of subjects were having excellent quality of life whereas among subjects who were not involved in decision making in family, only 2.2% had excellent quality of life. Also, more than half of subjects (60.8%) who were not involved in decision making had fair/poor quality of life. The association between quality of life of the subjects with involvement in decision making in family was found to be highly significant.

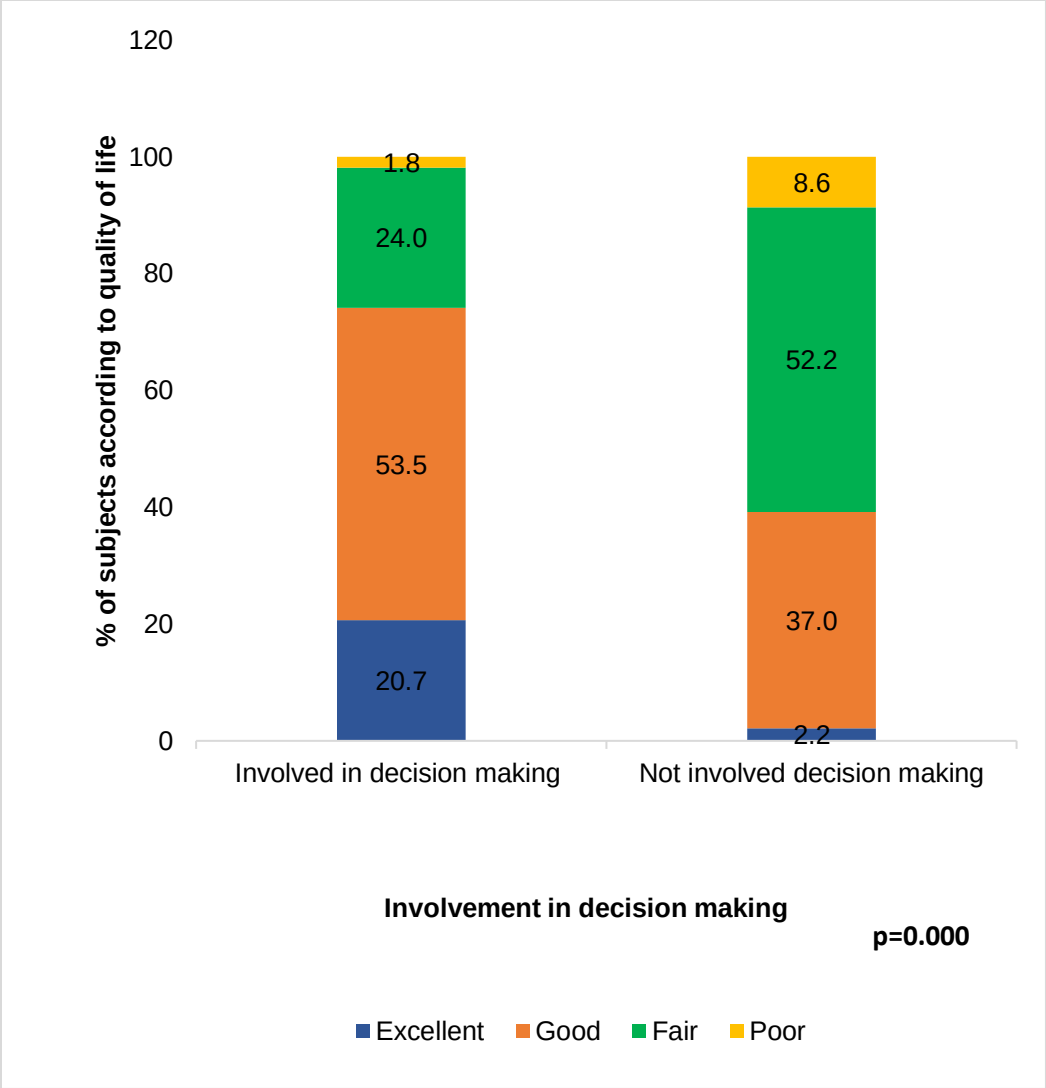

Figure 11: Association of quality of life with involvement in decision making

Table 57: Association of quality of life with presence of chronic morbidities among subjects.

Chronic Morbidity present	Quality of life				Total (N=425)
	Excellent (n=71)	Good (n=212)	Fair (n=128)	Poor (n=14)	
Yes	48 (14.9)	161 (50.0)	103 (32.1)	10 (3.1)	322
No	23 (22.3)	51 (49.5)	25 (24.3)	4 (3.9)	103

(Figures in parentheses indicate percentage)
Chi square : 4.264, df:3, p=0.234

Chronic morbidities in this age group are often associated with disability and hinder the daily activity of an individual. Higher proportion of subjects having no chronic morbidity perceived to have excellent quality of life as compared to those who had a chronic illness. Almost one -third (35.2%) of the subjects who reported a chronic morbidity had fair/poor quality of life. However, a statistically non-significant relationship was found between quality of life and presence of chronic morbidity among study subjects.

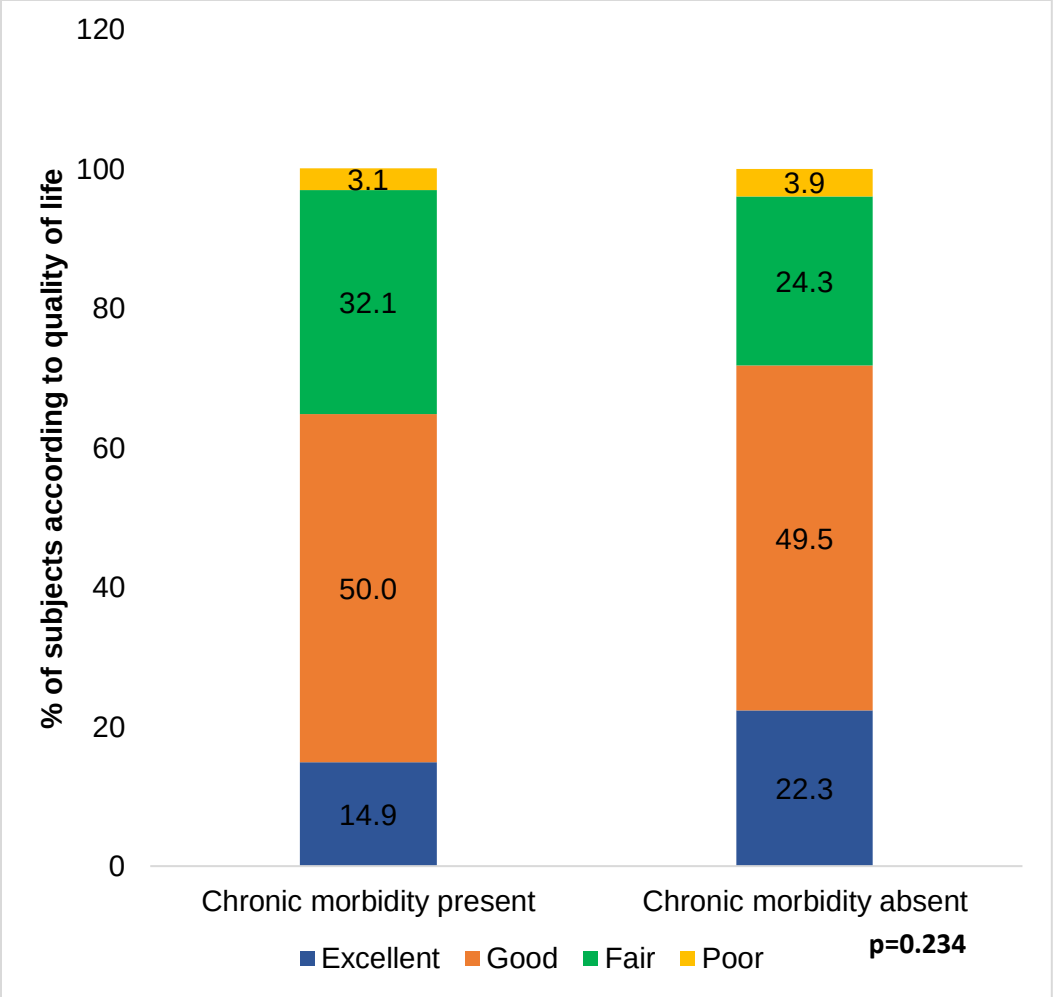

Figure 12: Association of quality of life with presence of chronic morbidity

DISCUSSION

The present study is a community based cross-sectional study and has been carried out in the field practice area of Rural Health Training Centre (RHTC) located at village Pohir, Block Dehlon, District Ludhiana, Punjab, India. The centre is an integral part of Department of Community Medicine, Dayanand Medical College and Hospital, Ludhiana.

The field practice area comprises of fifteen villages where home based comprehensive health care is provided. It covers a population of 31,058 comprising 3686 elderly (Quarterly report of RHTC, Pohir, 30thJune 2018) The selection of the subjects was done by systematic random sampling. A total of 425 elderly were studied for their physical, mental and social health, health care seeking behaviour, health insurance and quality of life.

Socio-Demographic Profile

As per census 2011, elderly aged 60 years and above constitute about 8.6% of total population in India and 71% of them reside in rural area. In Punjab, 10.3% of total population consists of elder people.[52] In the present study, elderly constituted 11.8% of the total study population.

Age is a non-modifiable factor in the onset of chronic diseases. Various physical and mental illnesses, frailty, accidents are more commonly seen in persons aged 80 years and above. Disability associated with chronic morbidities also increases with age.

The age wise distribution of elderly population showed that nearly half (46.1%) of the subjects were in the age group of 60-69 years followed by one-third in 70-79 years. The mean age of subjects was 70.9 ± 7.3 years. (Table 1)

A report on State of elderly in India (2014) also showed similar findings where highest number of elderly were in the age group of 60-69 years followed by 70-79 years and least in 80 years and above.[15]

Similar age wise distribution of the subjects was also seen by Shashidhar *et* al (2018) in their study on comprehensive geriatric assessment in rural Bangalore. Also, the mean age of subjects was consistent to the present study. (71.2 ± 5.4 years)[20]

Gender

The socio-demographic profile, morbidity patterns and health care seeking behaviour varies among males and females. According to "Building a Knowledge Base on Population Ageing in India (BKPAI) survey - Status of elderly in Punjab (2013)", sex ratio of elderly population is 1077 females per 1000 males.[52] This is due to higher life expectancy of females than males which is leading to the phenomenon called "feminization of elderly population". As per "India Ageing Report 2017", the life expectancy of elderly females is higher to males in Punjab.[7]

In the present study, females represented 52.5% of the study population while 47.5% were males which is in concordance to Elderly report in India (2016) showing higher percentage of elderly females to males. (Table 2)
Rajput *et al* (2019) assessed quality of life among elderly in Haryana and observed similar gender distribution in their study.[139]

In contrast to these findings, Bala *et al*(2018) in their study on morbidity pattern among elderly in Jammu found the proportion of elderly males was marginally higher than females.[50]

In the present study, age wise distribution of the subjects according to gender showed that nearly half of the males and females each were in age group of 60-69 years respectively while proportion of females increased after 70 years of age.(Table 3)

Behera *et al*(2016)[25] studied depression among elderly in rural Haryana and Bala *et al*(2018)[50] in rural Jammu also observed similar distribution for male and female subjects.

Religion

The religion wise distribution of the subjects shows that majority were Sikhs followed by Hindus (Table 4) which is in concordance with Census report 2011 where majority of rural population of Punjab follows Sikh religion.[158]

However, Kaur *et al* (2017)[40] and Pandita *et al* (2017)[47] studied morbidity pattern among elderly in Delhi and Dehradun respectively and observed that maximum participants were Hindus in their studies. The variation can be attributed to different geographical areas of the study.

Caste

The percentage of subjects in general category was found to be 45.2%. Nearly one -third of them were scheduled caste and one-fourth belonged to Other Backward Class in the present study. (Table 5)

National Family Health Survey (NFHS) -4 has shown similar findings that one-third of the population in Punjab is Scheduled Caste while 25% is Other Backward Class.[159]

Marital status

During old age, elderly connect emotionally to their spouse as they are their best companion. Living arrangements during this age can affect the mental health and quality of life. Those living with their children and spouse have better mental status than living alone.

The present study showed two-third of the subjects were living with their spouse while nearly one-third were widows/widowers. Unmarried subjects or those separated from spouse constituted only 2% of the study population (Table 6). These findings are similar to the figures in report on Elder abuse by Help age India (2018).[31]

A study “Assessing the functional disability of rural elderly population from North-West India” by Singh *et al* (2017) also reported higher percentage of married subjects and only 4.3 % were unmarried/divorced/separated.[160]

Moe *et al* (2012) conducted study on health care seeking behaviour of elderly Myanmar and reported similar distribution of subjects according to marital status.[29]

Educational status

Education helps in understanding different determinants of health and eliminates misconception. It empowers an individual to make right decision related to health which influences his health care seeking behaviour. Educated elderly are aware and more receptive to behaviour change related to health.

In the present study, nearly half of the subjects never went to school and only 3.5% subjects had schooling beyond 10 years (Table 7).Similar results were obtained by Bhat *et al* (2016) in their study on health care seeking behaviour among elderly in Mangalore where half of the subjects were illiterate.[128]

However, a study done by Mittal *et al* (2019) on quality of life among elderly in Ambala reported that one-third of them were educated till primary or high school and one-fourth of them were illiterate.[161]This difference in findings can be due to different study setting as they did their study in both urban and rural area and presented the combined findings.

Occupation

More than half (55.1%) of the study subjects performed household work with females far outnumbering men while one-fourth of them were not working. Almost 13% were farmers while rest were into business, labour service. (Table 8)

Boyanagari *et al* (2018) reported similar findings in their study on nutritional status among elderly in South India with 16.5% of the subjects doing farming.[21]

Mittal *et al* (2019) in urban and rural Ambala observed that nearly half of the subjects were not working. Their proportion of subjects doing business and

labour was comparatively higher which is probably because the subjects from urban area are more commonly into business or labour. [161]

Type of family

The system of joint families is still prevalent in rural India and elderly have preference to live in their ancestral homes than migrating to urban areas. Living in joint family gives them sense of security. But with rapid urbanization and migration of young population to cities, aged people are left on their own. Staying away from their kids can push them into psychiatric morbidities and affect their health care seeking behaviour.

Majority of subjects in the present study (86.1%) were residing in a joint family. (Table 9)

Laksham *et al* (2019)[102] and Sharma *et al* (2013)[100]studied depression among elderly in rural Puducherry and Shimla respectively and found that joint family system was a predominant family structure.

Socio-economic status

Socio-economic status of an individual plays a role in maintaining good health of an individual. Health problems differ in upper and lower socio-economic class. Individuals who belong to higher social class are prone to obesity and other lifestyle diseases while those belonging to lower social class are pushed into malnutrition due to poverty and are at risk of communicable diseases. Socio-economic status also influences health care seeking behaviour of an individual.

The study population was classified by Modified Udai Pareek Scale for socio-economic status. Around 56% of the subjects were from high-middle socio-economic class followed by those in low middle group (38.4%).The number of subjects from high and low socio-economic group were very less. (Table 10)

A study done by Kamra D (2014) in the same area found similar distribution of subjects as per socio-economic status.[144]

Pandita *et al* (2017)in their study in urban Dehradun observed that maximum subjects belonged to lower socio-economic class followed by middle class.[47]This observed difference in the findings from present study can be ascribed to different socio-economic scale used.

Total family monthly income

Among the study subjects, total family income of three-fourth of the subjects was more than₹ 20000 per month.(Table 11)

Devraj and D'mello (2019) conducted a study on quality of life among elderly in urban Mangalore and reported that 44% of the subjects had income of less₹15,000 and only 0.3% had income more than ₹41,000.[28]The variation may be because income of all family members was considered in the present study.

Financial dependency

Financial independence helps people in retaining their autonomy. Old age pension is a source of income in this age group but few of them may have no personal source of income at all. Consequently, they become financially dependent on their family members for living and medical expenses. Dependency makes elderly vulnerable to mistreatment by family members and psychiatric disorders.

The present study revealed that majority (93.9%) of the subjects were either partially or fully financially dependent on their family for living (Table 12). This can be because most of the study subjects were living in joint families and they shared common purse.

This is in consonance with the findings of George *et al* (2020) who studied morbidity pattern in Raichur, Karnataka and found that majority of the subjects were economically dependent.[46]

However, the study conducted by Goswami *et al* (2019) on social welfare schemes by elderly in Delhi mentioned that one -fourth of the study subjects were financially independent which was higher than current study. This can

be due to the fact that 33.2% of their study subjects were in service prior to retirement and they might be receiving pension for the same.[137]

Morbidities

The most common morbidity reported by study subjects was hypertension (48.9%) followed by hearing impairment (42.4%) and arthritis (40.4%) while diabetes was reported by 21.4% of the subjects in the study. (Table 13)

A multi-country study on Global Multimorbidity Patterns by Garin *et al* (2015) revealed similar findings as hypertension and arthritis were two most prevalent comorbid conditions among people aged more than 60 years in different countries.[38]

The present study findings were also in concordance to multilevel study in India conducted by Singh *et al* (2019) which suggested highest prevalence of hypertension in the subjects.[43]

BKPAI Survey (2013) in Punjab showed that arthritis was most common ailment (47.9%) among elderly followed by hypertension.[52] Prevalence of chronic disease and quality of life among elderly in Varanasi was studied by Kumar and Shankar (2018) and the most common morbidity reported by subjects was musculoskeletal disorders (56.5%) followed by hypertension (34.1%).[162]

Zhao *et al* (2018) studied chronic diseases in elderly population in China and found that prevalence of hypertension and diabetes was low in Chinese older adults as compared to present study.[42] This variation can be attributed to difference in diet patterns and physical activity in China and India.

Prevalence of hypertension and diabetes among elderly is comparable to study done by Barua *et al* (2017) on morbidity pattern and health care seeking behaviour of elderly in Assam.[48]

Vikramaditya B (2017) in his dissertation on prevalence of Diabetes in Punjab found that approximately 15% of the persons aged above 60 years had Diabetes.[163]

Pandita *et al* (2017),[47] Hameed *et al* (2015),[39] Jadhav and Bavarva (2017)[45]and George *et al* (2017)[46] also reported similar prevalence of Diabetes among elderly as in present study ranging between 17.4% to 21.3%.

A significantly higher proportion of females suffered from hypertension in the present study. Sharma *et al* (2013)[126] studied morbidity pattern among elderly in Shimla and Kaur *et al* (2017)[40] in their study in Delhi also reported that presence of hypertension was more in females than males. Also, BKPAI Survey (2013) in Punjab had shown similar findings.[52]

Pandita *et al* (2017) in their study found hearing impairment was second most common complaint by the subjects which was consistent to present study.[47]

Coronary artery disease was prevalent in 21.6% of the subjects in the present study which was similar to findings of Kaur et al (2017) [40] while a hospital based study in Pune by Kanitkar *et al* (2018) revealed the prevalence of ischemic heart disease in 13.3% of the subjects.[23]

Hameed *et al* (2015) in Karnataka also reported lower prevalence (7.7%) of cardiovascular morbidities in the subjects.[39] This variation can be attributed to different dietary habits and level of physical activity of elderly in different states. The population of rural Punjab consume diet rich in saturated fats and foods with high salt/sugar content making them susceptible to cardiovascular morbidities. Alcohol intake was also prevalent in the present study subjects which is another risk factor in development of chronic diseases like CAD/IHD or hypertension.

Presence of chronic respiratory disease was seen in 5.4% of the study subjects and similar prevalence was revealed by Anand N (2014) in his

dissertation on health care seeking behaviour among elderly of rural Bangalore.[164]

However, Jadhav and Bavarva (2017) in rural Gujarat reported the prevalence of respiratory morbidities in 26.3% of the subjects.[45] This variation may be because smoking was less common among present study subjects as it is a taboo in Sikh religion.

Around 18% of the subjects in present study suffered from cataract which was slightly higher to BKPAI survey (2013) in Punjab where cataract was reported by 13% of elderly.[52]

Verma and Mishra (2019) studied multimorbidity among geriatric group in Allahabad and reported cataract in 21.2% of the subjects.[41]

About 15 % of the subjects were suffering from genitourinary problems which was similar to findings of Shukla *et al* (2017) who studied health care seeking behaviour among elderly in Uttar Pradesh.[49] Jadhav and Bavarva (2017) also reported comparable findings as 11% of the subjects had genitourinary problems in their study.[45]

Constipation was present in one fourth of the study subjects. However, George *et al* (2018)[46] and Hameed *et al* (2015)[39] have reported lower prevalence of constipation among the subjects in their study.

The prevalence of cancer was1.2 % which was similar to findings of Kanitkar *et al* (2018)[23] and Shukla *et al* (2018) in their study.[49]

It was found that 37.9% of the subjects had undergone cataract surgery. Priya *et al* (2015) carried out a study to find morbidity pattern among elderly in an urban area and mentioned that 13.6% of their study subjects underwent surgery for cataract.[165] It was higher in the present study which may be because of higher awareness among subjects or better accessibility to health care and easy availability of transportation.

Nearly 14% of the females had undergone hysterectomy which was consistent to findings of Shekhar *et al* (2019) who estimated the prevalence of hysterectomy to be 16% in women in Andhra Pradesh.[166]

Substance use

Substance use is not uncommon in this age group though the rate of substance use is lesser than the younger population. In current study, use of various substances was only reported by elderly males as smoking or drinking alcohol among females is still a taboo in rural Punjab. Almost half of the them used one or other type of substance. Use of alcohol was reported maximum by the subjects followed by opium use, smoking and tobacco chewing. (Table 16& 17)

Similar results were obtained by Jadhav and Bavarva (2017) in their study where alcohol intake was reported by maximum subjects.[45]

National Mental Health Survey of India (2015-2016) has revealed one - fourth of persons aged 60 years or more had any substance use disorder with highest disorder for tobacco use (26.3%).[12] These findings are different from present study because the survey has revealed combined findings of all the states.

However, Pandve *et al* (2017) conducted research on addiction pattern in rural Pune among aged population and found smoking was more common than alcohol intake. Also, tobacco chewing was prevalent among their female subjects in their study.[63] These variations may be due to social and cultural differences in both states.

Sleep

Sleep is an important component in the well being of an individual. Sleep latency, duration and quality is greatly affected in this age group. Lack of sleep is most commonly seen in aged population. Various factors like poor physical health, poor intrapersonal relations in the family, loss of spouse and loss of autonomy might affect sleep.

The present study subjects were asked about the total duration of the sleep and three- fourth of the them had more than 6 hours of sleep in a day (Table 18) which was in agreement to the findings of Kaur *et al* (2017).[40]

A study on sleep quality among Chinese elderly subjects by Wang et al (2019) has also revealed similar results.[57]

A hospital based study in Uttar Pradesh by Gambhir *et al* (2014) found32% of the study population had insomnia.[58]

Menopause

Menopause is characterized by fall in estradiol and progesterone levels. Early and late menopause have significant effects on health of women. It affects cardiovascular and skeletal system posing females at risk of cardiovascular events, osteoporosis and cancers of reproductive organs.

More than half (53%) of the female subjects in the present study attained menopause between 45-49 years of their age. The mean age of menopause was 46.3±3.7 years.(Table 19)

Bansal *et al* (2013) conducted a study on menopausal problems among rural women in Punjab and revealed similar mean age of menopause in their subjects.[67]

The mean age of the menopause in present study was also similar to findings of a PAN India survey done by Ahuja M (2017).[69]

Alva and Chetan (2016) found that maximum female subjects in Mangalore attained menopause between 45-49 years of age which was in line with the findings of present study.[167]

BMI

Body mass index of an individual is regulated by internal and external factors. The internal factor is basal metabolic rate of the body while external factors are daily calorie intake and physical activity. Underweight elderly are at risk of infections and overweight /obesity is associated with development

of various chronic diseases like coronary heart disease, hypertension, diabetes, fatty liver etc

Asian classification of BMI[150] was used in the study to categorize the subjects. Overweight/obesity was found in 56.8% of the subjects. One third of the subjects had normal BMI and few of the subjects were underweight (Table 20). Boyanagari *et al* (2018) observed similar findings in their study as 61.8% of the subjects had higher BMI.[21]

In the present study, male subjects had predominantly normal BMI whereas females were predominantly overweight /obese. Some of elderly males in the present study had one or other type of physical activity like walking or cycling. However, elderly females had less physical activity and their mobility was restricted due to general body weakness and arthritis as compared to men. Similar distribution of the subjects was observed by Kanitkar *et al* (2018) in their hospital based study where highest proportion of males had normal BMI and highest proportion of females were overweight/ obese. [23]

Calorie Intake

Calorie requirement of aged individuals is less than younger population owing to decreased metabolism. Inadequate calorie intake can lead to undernutrition putting elderly at risk of macronutrient and micronutrient deficiency and similarly higher calorie intake leads to obesity.

The calorie intake was assessed using 24-hour recall method. Adequate calorie intake was seen only in one third (31.3%) of the subjects while two-third of them either consumed less or more calories than required as per age. Decreased calorie intake was seen in one-fourth of the subjects in the present study.(Table 21)

However, as per study conducted on nutritional status of the elderly in Assam by Agarwalla *et al* (2015) higher proportion of subjects had decreased calorie intake as compared to present study.[78]The variation

may be because majority of the subjects were living in a joint family in the present study.

Mental status

The different domains of mental state are attention, memory, executive cognitive function, language, and visuospatial abilities. Age related neuronal degeneration affect these domains. Tasks requiring concentration and learning new things become difficult for old people.

In the present study, majority of the subjects had good/fair mental status while only 1.2% of them had poor mental status (Table 22) which was in consonance to the findings of Kamra D (2010) who reported that majority of the participants in her dissertation had good/fair mental status.[44]

However, Sengupta *et al* (2014) assessed cognition in elderly in Ludhiana and revealed 8.8% of the subjects had cognitive impairment.[85] The scale used to assess mental status of their subjects was different from present study hence the variation in findings.

Depression

Depression is the most common psychiatric illness among elderly worldwide.[11] It gets triggered by presence of chronic morbidities, diminishing importance of aged in their families, isolation, poor support from family members, widowhood, elder abuse or neglect and dependency. Since depression can affect cognition, it can also influence utilization of health services among elderly.

In the present study, 42.6% of the subjects were found to have depression on screening with Geriatric Depression Scale -Short Form.[155](Table 23) Findings of a community based study in Ethopia by Mirkena et al (2018)[92] are consonant to the present study. Swaranlatha N (2013) also observed similar findings in in her study on geriatric depression in rural Andhra Pradesh.[36]

Qadar *et al* (2014) studied depression among elderly in community residents and care homes in Pakistan and found that depression was double among elderly residents of care homes (60.6%) than in community (31.5%).[95]

A systematic review and meta-analysis of 51 studies on depression among elderly population in India was done by Pilania *et al* (2019). They found the overall prevalence of geriatric depression was34.4%.[97]It was lower than the present study probably because the data was extracted from studies done between1997 to 2016 and findings were variable in different states.

These findings are in contrast to Laksham *et al* (2019) who reported higher (69%) percentage of geriatric depression in rural Puducherry.[102]The observed variation may be due to different scale used by them.

Severity of Depression

It was observed in the study that out of total subjects having depression, majority of them (80.1%) were having mild depression, only 4.4% had severe depression. (Table 24)

These findings are in agreement to Naik and Nirgude (2015) who observed that majority of the subjects (79.56%) had mild depression[98] and Nazir *et al* (2018) who found only 4.2% of the study subjects were having severe depression.[101]

Laksham *et al* (2019) also revealed similar results in their study.[102]

Social support

Social health of an individual is determined by relationships with near ones, support from them and participation of the individual in society. Social support includes physical and emotional support. Itis an important determinant of social health as it helps in fulfilling physical and emotional needs and reducing stress thereby improving their quality of life. The support from neighbours or friends is equally important for elderly as from family members.

In the present study almost all the subjects had emotional and physical support from their family members /neighbours/ friends and majority (98%)had someone to help them in crisis. (Table 25)

A study was conducted in China by Dai *et al* (2016) to compare the social support among elderly in two provinces of the country. The subjects mentioned that their children were the most important source of social support followed by spouse relatives and friends.[106]

Similar findings were observed in study done in Karnataka by Akila *et al* (2019) on psychosocial status of elderly. They mentioned that maximum participants (92%)were taken care by family members during illness.[107]

Involvement in decision making

With increase in age, the family dynamics undergo a transition. There is shift in the roles and responsibilities. Aged people usually handover the major responsibilities of family to their children. At times, due to family disputes they are deprived of various roles and their importance in the family withers away impacting their psycho-social health.

In the present study, three-fourth of the subjects were involved by the family members in decision making.(Table 26)

A mixed-method-study done by Dongre and Deshmukh (2012) on quality of life among elderly in rural Maharashtra revealed consistent findings with the present study.[113]

Behera *et al* (2016) found in their study that around 64 % of the subjects were mostly involved in decision making,13.7% were involved sometimes while almost one-fourth subjects were never involved in decision making.[25]

Social participation

Social participation is an opportunity for an individual to interact in the society. It also forms social support for them. Usually due to restriction on mobility associated with chronic diseases, such participation or activities decrease in old age. This is a healthy activity especially for older people as

it keeps them busy and helps in alleviating stress thereby improving their quality of life.

It was observed in the study that approximately one-fourth of the subjects participated often in social events, two -third of them participated sometimes and 9% didn't participate in social gatherings in last one year (Table 27). Some of elderly did not attend social events because of disability associated with physical morbidities like hemiparesis or restricted mobility due to osteoarthritis of knees.

BKPAI Survey (2013) done in Punjab revealed similar findings where approximately 15%of the elderly were attending public gatherings frequently and nearly 40 % attended such gatherings once or twice in the one year.[52]

A study carried out by Kumar and Patra (2019) on elder abuse in Delhi showed that half of the subjects were involved in social activities.[110]
Dubey *et al* (2011) conducted 'A Study of Elderly Living in Old Age Home and Within Family Set-up in Jammu' and mentioned that 33.3% subjects attended social and religious ceremonies.[168]

Elder abuse

Elder abuse is an act of commission whereas neglect is an act of omission. It can have permanent effect on physical and mental health of an elderly. Physical effects can vary from mild scratches to severe disability. Physically, emotionally and financially dependent older individuals are the most vulnerable to elder abuse.
In the present study, 28.2% of subjects had experienced one or other type of abuse. (Table 28).

Report on "Elder abuse in India -2018" by Help age India also revealed similar findings where one-fourth were the victims of elder abuse.[31]

Findings of current study were also comparable to a community based study in Urban Delhi by Mawar *et al* (2018) who reported overall prevalence of abuse in 24.3% of the elderly subjects.[117]

Types of Abuse reported

Elder abuse takes many forms including physical, sexual, psychological, emotional, financial abuse, abandonment, neglect and serious loss of dignity and respect. The most common type of abuse reported by subjects in present study was verbal abuse followed by financial abuse. However, physical abuse and neglect was less commonly reported by them.(Table 29)

In consonance with the findings of present study, Kumar and Patra (2019) also revealed verbal abuse as the most common form of abuse in their study.[110]

Similar to present study, physical form of abuse was least reported in study done by Mawar *et al* (2018) in Delhi[117] and Edirisinghe *et al* (2014) in Sri Lanka.[116]

Health care seeking behaviour

Health care seeking behaviour helps in understanding attitude of an individual towards utilization of health services considering various socio-demographic factors like age, gender, education, income, place of residence and health literacy. Apart from this, it also depends on accessibility, affordability and quality of health care available. Various parameters to assess their health care seeking behaviour are type of treatment sought during illness, type of health facility utilized, distance of facility from home, medical expenditure etc.

System of medicine

Indian system of medicine consists of Ayurveda, Homeopathy, Siddha, Unani, and Yoga, Naturopathy and Homeopathy.[120]Various forms of medicine may be preferred simultaneously in India.

The most preferred system of medicine during illness in this study was allopathy (94.4%) followed by ayurveda (60%) and homeopathy (23.5%). It may be due to increased awareness regarding modern form of medicine among the study subjects (Table 30). These findings were in concordance to study by Nandini and Saranya (2019) in Shimoga where 90% of study population preferred allopathic form of medicine.[125] Sharma *et al* (2013)[126] and Kamra D (2014)[127] also reported similar findings.

Nearly one-fourth of the subjects in the study used home remedies during illness and5% of them did not seek treatment as they considered minor illnesses don't require treatment and over-treatment can have adverse effect on the body. Subjects from lower socio-economic strata reported affordability issues and preferred home remedies or no treatment in case of minor illnesses. Nipun *et al* (2015) reported in their study that 13% of the subjects were using home remedies.[169]Nandini and Saranya (2019) revealed in their study that 5.7% of the subjects sought no treatment during illness.[125]As per study conducted by Patle and Khakse (2015), about 9% of aged population of Yavatmal, Maharashtra did not seek any treatment for their illness.[170]

Consultation during illness

In this study, the person consulted for treatment varied depending upon type and severity of illness hence there were multiple responses. Majority of the subjects consulted health personnel at government/private health facility. Bhat and Kumar (2017)[128]studied health care seeking behaviour of elderly in rural Mangalore and revealed similar findings where health staff at government/private health facility were most contacted during illness. Findings of Bala *et al* (2018)[50]and Sharma *et al* (2013)[126]were also consistent with the present study.

Three fourth of the subjects of present study took medicines over the counter/visited chemists especially during mild illnesses because over the counter saved their additional fees of consultation at hospital/clinic. In

contrast to these findings, Sharma *et al* (2013) in their study revealed that only 12.6% study population took medicines over the counter.[126]

Nearly44%of subjects also sought treatment from quacks in the present study as they deliver health care at door step of elderly saving their money and effort to go to health facility and provided cost-effective health care which was similar to findings reported by Kamra D (2014)[127].One -third of elderly residing in rural Allahabad consulted non-registered practitioners as mentioned by Narapureddy *et al* (2012).[22]

Around one-fourth of the subjects of present study went to faith healers for treatment owing to their strong beliefs and attitude or due to dissatisfaction with other forms of treatment (Table 31).Bala *et al* (2018)[50] in their study in Jammu also found similar proportion of subjects seeking treatment from traditional healers as the current study while Shukla *et al* (2017)[49] reported this percentage to be about 17%.

Due to lack of awareness and poor health literacy in rural areas, diseases are linked to supernatural causes. Hence they seek help of traditional/faith healers who use religion and magic to cure diseases. Less educated and poor elderly fall prey to them. Also, the non-registered practitioners/quacks are still preferred in rural areas because they belong to the same community and provide affordable health care.

Government health care facility utilisation

It was observed in present study that two third of the subjects reported utilisation of government health facility (Table 32) which is in consonance with Sharma *et al* (2013)[126]showing that 60.7% of the study population utilized government health facility.

Similar findings were also observed by Bala *et al* (2018)[50] while Anand N(2014)[164] in his dissertation revealed that three-fourth of the study population availed government health facility.

Reasons for not utilizing government health facility

In the present study, 36 % of the subjects did not utilize government health facility during illness. The most common reason given by one third of the subjects was “non-availability of medicines” followed by “trust in a particular doctor” and “poor attitude of health care providers at the facility”. Almost 11%of the subjects were unsatisfied with quality of drugs/care provided at the facility while few of them stated that other health care facility was closer to their home. The other reasons were long waiting periods or unavailability of doctors the facility. (Table 33)

Similar reasons were revealed by Kamra D (2014) as 20.6% of the subjects complained of unavailability of medicines followed by non-co-operative staff and unavailability of doctors.[127]

Narapureddy *et al* (2012)[22]also revealed similar reasons given by subjects for not utilizing government health facility as the present study.

Self-medication

In this study, almost two-third of the subjects practiced self-medication. They took medications on their own incase of minor illnesses like fever/upper respiratory tract infection/diarrhoea or incase of a repeat episode of a disease for which they had sought treatment before. (Table 34)

These findings are comparable to Shashidhar *et al* (2018)[20] whoobserved similar proportion of their study subjects taking medications on their own.

Distance of health facility / other facility from home

Most of the subjects visited the facility within 3 kms while one-fourth of them within 6-10 kms from home (Table 35).These findings are well in concordance to Saini et al (2018) as most of the subjects visited health facility between 1-4 kms and around 20% visited the facility more than 5 kms away from home.[129]

A study on quality of life among elderly in Kerala by Usha and Lalitha (2016) also showed that majority of the subjects (81%) travelled 3 kms to reach medical facility.[130]

Accompanying person to Health care facility

It was seen in the present study that more than two-thirds of the subjects were accompanied by either a family member or neighbour or both. (Table 36)

Similar findings were revealed by Chakraborty S (2005)[171]who studied health care seeking behaviour in rural elderly of West Bengal and Saini *et al* (2018) in Punjab.[129]

Medication for chronic illness

In the present study, three-fourth of the subjects were prescribed routine medication for chronic diseases like hypertension/diabetes/CAD/arthritis out of which one -third were regular in taking the medication. Various reasons for non-compliance were inconvenience to take medication on daily basis or they forgot to take it while others feared the side-effects associated with it and for few others, it was not financially feasible to purchase it every week.(Table 37)

Chakraborty S (2005) reported that one-fourth of the elderly with chronic illness were taking medication regularly.[171]

Medical expenditure

The subjects were interviewed regarding their average medical expenditure per month which included consultation charges and expenditure on drugs. The mean monthly medical expenditure was ₹639.8and annual expenditure was ₹7677.6. (Table 38)

Saini *et al* (2018) revealed in their study that mean annual cost of treatment borne by subjects was ₹12387[129].This was higher from the present study because they included cost of transportation, investigations and cost of special products for diabetes along with the cost of treatment.

In present study, one-third of the subjects were bearing medical expenditure themselves while half of them were dependent on their family for it (Table 39) which was in line with the findings reported by Saini et al (2018).[129]

Awareness regarding health insurance

In the present study 44.7% of the subjects were aware of any health insurance scheme. (Table 40)

A report on State of elderly in India (2014) revealed that 23% of the elderly were aware of one or more schemes for health insurance.[15]

Maroof *et al* (2016) conducted a study on awareness of geriatric health services in rural elderly of Aligarh and observed that 35.6% were aware of any health insurance scheme.[134]

Awareness was comparatively high among study subjects because of good social interaction among rural people and people got enrolled in government health insurance due to encouragement from their neighbours or friends in the same area. The retired subjects from defence were covered under health insurance by default.

Awareness regarding type of scheme

Majority (93.1%) of the subjects knew about government health insurance scheme and around 5% were aware about private scheme.(Table 41)

As revealed by State of elderly in India report (2014), 59.4% of elderly from Hyderabad and half of them from Chennai were aware of a government health insurance scheme while one-third from various states were aware of LIC health insurance scheme.[15]

Enrolment in health insurance scheme

In the present study, more than one-fourth (28.2%) of the total subjects were enrolled in one or other health insurance scheme.(Table 42)

State of elderly in India Report (2014)[15] revealed that 19.5% of elderly were covered under any health insurance scheme while Devraj and D'mello

(2019) in their study revealed similar percentage of the subjects who took health insurance.[28]

Tiwari *et al* (2016) compared health care seeking behaviour of elderly in Central and South India and found that health insurance was taken up by total 39.5% of the respondents.[172]

However, Philip and Ravindran (2017) conducted a study in Kerala and reported higher percentage of subjects (58%) were enrolled in the government health insurance scheme.[135]

Renewal of Scheme

In the present study, one-third of the subjects did not renew their health insurance scheme (Table 43). One of the reasons was that they were dependent on their family for its renewal. Few others forgot about their enrolment in the scheme while some did not find the scheme beneficial due to its low coverage in terms of medical expenditure. This was similar to the findings of Philip and Ravindran (2017).[135]

Utilisation of the scheme

Two -third of the subjects who took health insurance had utilized it at least once in their lifetime. It was used for IPD services (68.3%) more commonly than OPD services (31.7%). Most of the admissions in the hospital were for surgical procedures. (Table 47)

Philip and Ravindran (2017) revealed that the health insurance was utilized for IPD services only. Half of the subjects used the scheme during medical illness while 39 % used it for surgical procedures.[135]

Quality of Life

PGI quality of life scale[157] was applied on subjects and two-third of them perceived to have excellent/good quality of life while 30.1% had fair quality of life (Table 48).This can be because most of the subjects in the study lived in joint families, had good physical /emotional support, had good social interaction and visited religious places or participated in the social events.

Usha and Lalitha (2016) [130] and Shah *et* al (2017) [141] in Gujarat revealed more than half of the elderly rated their quality of life as very good/good.

Mental status with age of the subjects

In the present study good mental state showed decline with advancement in age.The proportion of subjects with poor mental state increased with age and were highest in age group of 80 years or above. The association between mental state and age was statistically significant. (Table 49)

Sengupta *et al* (2014) in their study also found that cognition of elderly significantly deteriorated with age with maximum impairment in 80 years and above.[85]

Depression with age of subjects

In the present study, depression was found to increase with age. Two-third (65.7%) of subjects aged 80 years or above were having depression. Depression with respect to age was found to be statistically significant. (Table 50)

These findings are in consonance with Nazir *et al* (2018) in Srinagar [101] and Thilak *et al* (2016)[34]in Kerala who observed significant association of depression with age.

Depression with gender of subjects

Depression was found to be significantly higher among females than males in the present study.(Table 51)

Buvneshkumar *et al* (2018) in Tamil Nadu[35] and Pilania *et al* (2017) in Haryana[59] also found significantly higher depression in females in their study.

Depression with marital status of subjects

In the present study, depression was more common among the subjects living without spouse (54%) and the association was found to be significant. (Table 52)

These findings are in concordance with Thilak *et al* (2016)[34]and Nazir *et al* (2018)[101] who found significantly higher prevalence of depression among elderly living without spouse or were single/unmarried.

Multivariate logistic regression analysis for risk factors of Depression in subjects

In the present study, factors like age, gender, marital status, type of family, socio-economic status and involvement in decision making were subjected to multivariate binary logistic regression analysis to estimate independent risk factors for depression. It was found that staying in a nuclear family, low socio-economic status and no involvement in decision making were significantly associated with geriatric depression while age, gender and marital status of the subjects were not significantly associated.(Table 53)

This was in concordance to Buvaneshwar *et al* (2018) in Tamil Nadu who found that low socio-economic status was an independent risk factor for depression on multivariate analysis.[35]

Similar to present study, Chawla *et al* (2018)[60] and Behera *et al* (2018)[25] in Haryana found significant association of nuclear family and no involvement in decision making in family with depression among their subjects.

Manandhar *et al* (2019) in Nepal found no association between age, gender and depression.[94]

Quality of life with age of subjects

In the present study, quality of life deteriorated as the age advanced.The proportion of subjects having excellent quality of life decreased with age. (Table 54). However, association between two was not found to be statistically significant and these findings were similar to Bansal *et al* (2019).[173]

However, Rajput *et at* (2018) found that quality of life of elderly was significantly associated with age.[139]

Quality of life with socio-economic status of subjects

Maximum subjects from high and high middle socio-economic group had excellent/good quality of life as compared to those belonging to low and low middle socio-economic group. The association between these two variables was statistically significant.(Table 55)

Comparable results have been shown by Rajput et al (2019) who observed the perception of quality of life was poor among subjects belonging to lower class and good among upper class subjects.[139]

Kumar and Shankar (2018) in Varanasi also observed significant role of socio-economic status and quality of life among elderly in their study.[162]

Quality of life of subjects with their involvement in decision making in family

In the present study, one -third of subjects who were involved in decision making in the family had good/excellent quality of life and the association between these two variables was found to be highly significantly.(Table 56)

These findings were similar to Dongre and Deshmukh (2012) who found that the mean scores of four domains of quality of life were significantly higher among the elderly who were involved in decision making.[113]

However, Devraj and D'mello did not find any association between the two variables.[28]

Quality of life with presence of a chronic morbidity among subjects

The quality of life was excellent/good in three-fourth of the subjects having no chronic morbidity and it was fair/poor in almost one -third (35.2%) of the subjects with a chronic morbidity. However, a statistically non-significant relationship was found between quality of life and presence of chronic morbidity among study subjects.(Table 57)

Findings of the current study were inconsistent to Kumar and Shankar (2018)[162] and Rajput et al (2019)[139]who found significant effect of chronic morbidity on quality of life among study subjects.

SUMMARY AND CONCLUSION

The present study is a community based cross sectional study and has been carried out in the rural field practice area of Department of Community Medicine, Dayanand Medical College and Hospital, Ludhiana.

A total of 425 subjects aged 60 years old and above were studied regarding their socio-demographic profile, physical, mental and social health, health care seeking behaviour, health insurance and quality of life.

Socio-Demographic Profile

- Majority of the subjects (83.5%) were less than 80 years old. Females outnumbered men after 70 years of age. The mean age of subjects was 70.9±7.3 years.
- Proportion of females and males was 52.5% and 47.5% respectively in the study.
- The study predominantly consisted of Sikh subjects.
- There were 55% of the subjects who belonged to Scheduled Caste/Other Backward Class.
- Married subjects represented 67.8% of the study population.
- Nearly half (48.5%) of the subjects were illiterate and 3.5% of the subjects had schooling of more than 10 years.
- Majority of subjects (86.1%) were living in a joint family.
- Majority (94.4%) of the subjects were from low middle and high middle socio-economic status.
- The total family income of 72.3%subjects was more than ₹20,000 per month.
- Only 6.1% of the subjects were financially independent while rest were either partially or fully dependent on their family.

Physical Health

- Hypertension (48.9%) was the most common self-reported morbidity in the study followed by hearing impairment (42.4%) and arthritis (40.0%). Coronary artery disease was present in 21.6% and diabetes in21.4% of the subjects. Chronic respiratory illness and cancer was reported by 5.4% and 1.2% of the subjects respectively. Around 18% and 15 % of subjects were suffering from cataract and urinary incontinence respectively. Hypertension was significantly higher in females while skin disease was significantly higher in males.
- Substance use was prevalent in 46% of the male subjects and none in female subjects. The commonly used substance was alcohol 84.9% followed by opium (12.9%).
- There were 76.2 % of the subjects who had more than 6 hours of sleep in a day.
- More than half (53%) of the females achieved menopause between 45-49 years of age with mean age of 46.3±3.7 years.
- Around 57% of the subjects were found to be overweight/obese. Obesity was predominantly seen in females while most of the males had normal BMI as per Asian classification.
- Inadequate calorie intake (deficient/excess) was reported by 68.7%of the subjects.

Mental health

- The mental status of 51.5% of the subjects was good while 47.3 % had fair mental status.
- Depression was found in 42.6% subjects with majority (80%) of them having mild depression.

Social health

- Almost all the subjects had physical (98.6%) and emotional (98.8%) support from family members/neighbours/friends.

- Approximately 78 % of the subjects were involved in important decision making in the family.
- Majority (91%) of the subjects often/sometimes participated in social gatherings in last one year
- Elder abuse was reported by 28.2% of the subjects and verbal abuse was the most common form of abuse.

Health Care Seeking Behaviour

- Maximum subjects (94.4%) preferred allopathic form of medicine followed by ayurveda, home remedies and homeopathy. Only 5% of the subjects did not seek treatment for minor illness.
- Subjects were seeking treatment/medical advice from various persons like health personnel/chemist/quack/faith healer depending upon type and severity of illness. Amongst them, health care personnel at government/private health facility were most commonly contacted during illness followed by chemists, quacks and faith healers. Self-medication was practised by 64.2% of the subjects.
- Government health care facility was preferred by 64% of the subjects. Most common reason for not utilizing government health facility was unavailability of medicines. The others reasons reported by the subjects were poor attitude of health care providers, trust in particular doctor, dissatisfaction with quality of care /drugs, long waiting period, distant health facility and unavailability of doctors at government facility.
- Majority of the participants sought treatment from the facility within 10kms from home.
- Nearly 2/3rd (68%) of the elderly were accompanied by someone to visit the facility during illness.
- Almost 72 % of the subjects were prescribed medication for chronic diseases, out of which one-third were taking them regularly.

- Majority of the subjects (82.4%) were incurring medical expenditure less than ₹1000 per month and half of the elderly were dependent on the family for this expenditure.

Health Insurance

- Awareness regarding health insurance was present in 44.7% of the subjects Out of which maximum were aware about a government health insurance scheme.
- The proportion of subjects enrolled in one or other health insurance scheme was 28.2%. Out of total enrolled subjects, maximum subjects (95%) had family floater type of health insurance.
- In the last one year, 66.7% of subjects had renewed their health insurance scheme. More than half (56.2%) of the subjects paid annual premium of less than ₹ 6000.
- There were 34.2% of the subjects who had utilized the scheme atleast once in their lifetime. Maximum subjects (68.3%) utilized it for IPD services followed by OPD services (31.7%).

Quality of Life

- Two-third (66.6%) of the study subjects perceived to have excellent/good quality of life while only 3.3% had poor quality of life.

Association

- In the present study good mental state showed decline with advancement in age of the subjects.
- Depression was significantly associated with increase in age, female gender and subjects living without spouse.
- On multivariate binary logistic regression, nuclear family, low socio-economic status and no involvement in decision making in the family were independent risk factors of depression in the study subjects.
- There was no significant relationship between quality of life and age of the subjects.

- High socio-economic status was associated with good quality of life.
- The subjects who were involved in decision making in the family had good /excellent quality of life and association between two was found to be highly significant.
- Three-fourth of the subjects without a chronic morbidity had excellent/good quality of life as compared to those who had a chronic illness but the association between quality of life and presence of chronic illness was non-significant.

LIMITATIONS

- Study was carried out in the presence of family members so there is possibility that subjects might have concealed few details during interview especially regarding elder abuse.
- Illiteracy may be a confounding factor in assessment of mental status of subjects.
- Daily calorie intake by subjects was calculated in approximate values using 24 hour recall method.

RECOMMENDATIONS

On the basis of experience and the results obtained in the present study, following recommendations are being made:

1. Comprehensive health services for elderly and periodic screening and management of various physical and mental morbidities need to be strengthened in the community. Awareness generation regarding geriatric services at PHCs and CHCs. (as per National Program for Health Care of Elderly).
2. Health promotion through IEC activities by health care workers to promote importance of physical activity and other life style modifications. Special emphasis to be laid on healthy ageing, mental health, age related diseases and complications and compliance to medications.
3. Self-help groups/Support groups for elderly can be formed in the villages with the help of village heads. Young generation should be involved to facilitate such meetings.
4. Encouraging elderly to report abuse to health care workers. Educating grass root level workers to recognise the signs of elder abuse in the community and report it through helpline numbers. (Help Age India-1800-180-1235).
5. In depth quantitative research studies are needed to study elder abuse in the community.
6. Community in general and elderly in particular should be encouraged to avail benefits of various health insurance schemes.

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PROFORMA

S.NO	STRATIFICATION NO.	VILLAGE	DATE
SECTION 1	**SOCIO - DEMOGRAPHIC PROFILE**		
1. Name			
2. Age			
3. Sex	1. Male 2. Female		
4. Religion	1. Hindu 2. Sikh 3. Muslim 4. Christian 5. Others		
5. Caste	1. General 2. OBC 3. SC 4. Others		
6. Marital Status	1. Married 2. Unmarried 3. Widow/Widower 4. Divorced 5. Separated		
7. Age of spouse			
8. Years of education			
9. Years of education of spouse			
10. Occupation	1. Agriculture 2. Business 3. Service 4. Unskilled Labour 5. Skilled Labour 6. Professional 7. Household Work 8. Not Working		
11. Type of family	1. Nuclear 2. Joint		
12.Total income			
13. Source of Income/ Livelihood	1. Personal Income 2. Family 3. NGO's/ Govt. 4. No Source		

Socio Economic Status

(By Modified UdaiPareek Scale)

1. **Caste** : Upper Caste[3] / Artisan[2] / Lower Caste[1]

2. **Head of Family/ Husband's Occupation** : Cultivator[4] / Business[3] / Service[2]Labourer[1]

3. **Husbands Education** : Above Matric[4] / Matric[3] / Below Matric[2] / No Schooling[1]

4. **Wife's Occupation** :Serving outside for money[2]/Working at . . . home[1]

5. **Wife's Education** : Above Matric[4] / Matric[3] / Below Matric[2] / No Schooling[1]

6. **Family Type** : Joint[2] / Nuclear[1]

7. **Family size** : Large[3] / Medium[2] / Small[1]

8. **Land holding** : 21 acres and above[5] / 11-20[4] / 6-10[3] /1-5[2]/ no land[1]

9. **Farm assets** : 6-8[3] / 2-5[2] / 2[1]

10. **Household assets** : 8-11[3] / 4-7[2] /1-3[1]

11. **Type of houses** : Pacca[3] / Mixed[2] / Kacha[1]

12. **No. of rooms** : 3[3] / 2[2] / 1[1]

13. **Drinking water facility** : Piped[3] / Hand Pump[2] / Village pond[1]

SECTION 2: MEDICAL HISTORY

MEDICAL CONDITIONS	YES/NO	TREATMENT TAKEN	CURRENT STATUS OF TREATMENT (A-COMPLETED B-ONGOING C-NOT TAKEN)
Coronary artery disease Hypertension Diabetes Cataract Arthritis Cancer Fall Fracture Skin Problems COPD Epilepsy Urinary incontinence Constipation Acute respiratory illness Diarrhea Prolapse TB Others.			

HISTORY OF PAST ILLNESS & SURGERY

PERSONAL HISTORY:

1. Any addictions: Yes/No

If yes specify: smoking/alcohol/tobacco chewing/opium/others

2. No. of hours of sleep:

GYNAECOLOGICAL HISTORY:

Age of Menopause:

GPE:

Pulse rate:
Respiratory rate:
Blood pressure:
Height:
Weight:
BMI:
Waist hip ratio:
Pallor:
Cyanosis:
Edema:
Icterus:
Clubbing:

SECTION 3: NUTRITIONAL HISTORY: BY 1 DAY RECALL METHOD

FOOD ITEMS	TIME OF THE DAY	QUANTITY	NO OF CALORIES

SECTION 4: MENTAL STATE EXAMINATION

1. Where are you now?
2. Where is this place? Give the address
3. What is the date today and which day of the week is it?
4. Which month of the year is it?
5. What is your age?
6. Which year is it now?
7. When were you born? Date and month?
8. Which year were you born?
9. Who is the current chief minister of Punjab?
10. Who was the former chief minister of Punjab?

SECTION: 5 GERIATRIC DEPRESSION SCALE: SHORT FORM

1	Are you basically satisfied with your life?	Yes/No	
2	Have you dropped many of your activities and interests?	Yes/No	
3	Do you feel that your life is empty?	Yes/No	
4	Do you often get bored?	Yes/No	
5	Are you in good spirits most of the time?	Yes/No	
6	Are you afraid that something bad is going to happen to you?	Yes/No	
7	Do you feel happy most of the time?	Yes/No	
8	Do you often feel helpless?	Yes/No	
9	Do you prefer to stay at home, rather than going out and doing new things?	Yes/No	
10	Do you feel you have more problems with memory than most people?	Yes/No	
11	Do you think it is wonderful to be alive?	Yes/No	
12	Do you feel pretty worthless the way you are now?	Yes/No	
13	Do you feel full of energy?	Yes/No	
14	Do you feel that your situation is hopeless?	Yes/No	
15	Do you think that most people are better off than you are?	Yes/No	
		TOTAL	

GERIATRIC DEPRESSION SCALE: SHORT FORM

1	क्या आप मूल रूप से अपनी ज़िंदगी से संतुष्ट हैं?	हाँ /नहीं	
2	क्या आपने अपनी कई गतिविधियां और रूचिओं को छोड़ दिया है?	हाँ /नहीं	
3	क्या आपको लगता है कि आपके जीवन में खालीपन है?	हाँ /नहीं	
4	क्या आप अक्सर ऊब जाते हैं?	हाँ /नहीं	
5	क्या आप ज्यादातर समय में अच्छे उत्साह में रहते हैं?	हाँ /नहीं	
6	क्या आपको डर लगता है कि आपके साथ कुछ बुरा होने जा रहा है?	हाँ /नहीं	
7	क्या आप अधिकतम समय खुशी अनुभव करते हैं?	हाँ /नहीं	
8	क्या आप अक्सर असहाय महसूस करते हैं?	हाँ /नहीं	
9	क्या आप बाहर जाने और नई चीजें करने के बजाय घर पर रहना पसंद करते हैं?	हाँ /नहीं	
10	क्या आपको लगता है कि आपको सबसे अधिक समस्याएं याददाश्त संबंधी हैं?	हाँ /नहीं	
11	क्या आपको लगता है कि जिंदा रहना बहुत अद्भुत है? ?	हाँ /नहीं	
12	क्या आप इस समय जिस स्थिति में हैं अपने आप को बहुत बेकार महसूस करते हैं?	हाँ /नहीं	
13	क्या आप महसूस करते हैं कि आप ऊर्जा से भरपूर हैं?	हाँ /नहीं	
14	क्या आपको लगता है कि आपकी स्थिति निराशाजनक है?	हाँ /नहीं	
15	क्या आपको लगता है कि ज्यादातर लोगों की हालत आप से बेहतर हैं?	हाँ /नहीं	
		कुल	

GERIATRIC DEPRESSION SCALE: SHORT FORM

1	ਕੀ ਤੁਸੀਂ ਮੂਲ ਰੂਪ ਵਿੱਚ ਆਪਣੀ ਜ਼ਿੰਦਗੀ ਤੋਂ ਸੰਤੁਸ਼ਟ ਹੋ?	ਹਾਂ / ਨਹੀਂ	
2	ਕੀ ਤੁਸੀਂ ਆਪਣੀਆਂ ਕਈ ਗਤੀਵਿਧੀਆਂ ਅਤੇ ਰੁਚੀਆਂ ਛੱਡ ਦਿੱਤੀਆਂ ਹਨ?	ਹਾਂ / ਨਹੀਂ	
3	ਕੀ ਤੁਹਾਨੂੰ ਲਗਦਾ ਹੈ ਕੀ ਤੁਹਾਡੀ ਜ਼ਿੰਦਗੀ ਵਿੱਚ ਖਾਲੀਪਣ ਹੈ?	ਹਾਂ / ਨਹੀਂ	
4	ਕੀ ਤੁਸੀਂ ਅਕਸਰ ਅੱਕ ਜਾਂਦੇ ਹੋ?	ਹਾਂ / ਨਹੀਂ	
5	ਕੀ ਤੁਸੀਂ ਜ਼ਿਆਦਾਤਰ ਸਮਾਂ ਚੜ੍ਹਦੀਆਂ ਕਲਾਂ ਚ ਰਹਿੰਦੇ ਹੋ?	ਹਾਂ / ਨਹੀਂ	
6	ਕੀ ਤੁਹਾਨੂੰ ਡਰ ਹੈ ਕਿ ਤੁਹਾਡੇ ਨਾਲ ਕੁਝ ਬੁਰਾ ਹੋਣ ਵਾਲਾ ਹੈ?	ਹਾਂ / ਨਹੀਂ	
7	ਕੀ ਤੁਸੀਂ ਜ਼ਿਆਦਾਤਰ ਸਮਾਂ ਖੁਸ਼ੀ ਮਹਿਸੂਸ ਕਰਦੇ ਹੋ?	ਹਾਂ / ਨਹੀਂ	
8	ਕੀ ਤੁਸੀਂ ਅਕਸਰ ਲਾਚਾਰ ਮਹਿਸੂਸ ਕਰਦੇ ਹੋ?	ਹਾਂ / ਨਹੀਂ	
9	ਕੀ ਤੁਸੀਂ ਬਾਹਰ ਜਾਣ ਅਤੇ ਨਵੀਆਂ ਚੀਜ਼ਾਂ ਕਰਨ ਦੀ ਬਜਾਏ ਘਰ ਵਿਚ ਰਹਿਣਾ ਪਸੰਦ ਕਰਦੇ ਹੋ?	ਹਾਂ / ਨਹੀਂ	
10	ਕੀ ਤੁਹਾਨੂੰ ਮਹਿਸੂਸ ਹੁੰਦਾ ਹੈ ਕਿ ਯਾਦਦਾਸ਼ਤ ਸੰਬੰਧੀ ਤੁਹਾਨੂੰ ਕਈਆਂ ਨਾਲੋਂ ਬਹੁਤ ਜਿਆਦਾ ਸਮੱਸਿਯਾਵਾਂ ਹਨ?	ਹਾਂ / ਨਹੀਂ	
11	ਕੀ ਤੁਹਾਨੂੰ ਲਗਦਾ ਹੈ ਕਿ ਜਿੰਦਾ ਰਹਿਣਾ ਬਹੁਤ ਸ਼ਾਨਦਾਰ ਹੈ?	ਹਾਂ / ਨਹੀਂ	
12	ਕੀ ਤੁਸੀਂ ਹੁਣ ਦੀ ਹਾਲਤ ਵਿੱਚ ਆਪਣੇ ਆਪ ਨੂੰ ਬਹੁਤ ਵਿਅਰਥ ਮਹਿਸੂਸ ਕਰਦੇ ਹੋ?	ਹਾਂ / ਨਹੀਂ	
13	ਕੀ ਤੁਸੀਂ ਊਰਜਾ ਨਾਲ ਭਰਪੂਰ ਮਹਿਸੂਸ ਕਰਦੇ ਹੋ?	ਹਾਂ / ਨਹੀਂ	
14	ਕੀ ਤੁਹਾਨੂੰ ਮਹਸੂਸ ਹੁੰਦਾ ਹੈ ਕਿ ਤੁਹਾਡੀ ਸਥਿਤੀ ਨਿਰਾਸ਼ਾਜਨਕ ਹੈ?	ਹਾਂ / ਨਹੀਂ	
15	ਕੀ ਤੁਸੀਂ ਸੋਚਦੇ ਹੈ ਕਿ ਜਿਆਦਾਤਰ ਲੋਕਾਂ ਦੀ ਹਾਲਤ ਤੁਹਾਡੇ ਨਾਲੋਂ ਬਿਹਤਰ ਹੈ?	ਹਾਂ / ਨਹੀਂ	
		ਕੁੱਲ	

SECTION 6: SOCIAL SUPPORT AND RELATIONS:

A. SOCIAL RELATIONS AND INTERACTIONS

1. Who will listen to you when you need to talk?
   a) Spouse or children
   b) Friends or relatives
   c) Neighbours
   d) No one
2. Who will help you most in your crisis?
   a) Spouse or children
   b) Friends or relatives
   c) Neighbours
   d) No one
3. Who will comfort you when you need it?
   a) Spouse or children
   b) Friends or relatives
   c) Neighbours
   d) No one

B. SOCIAL RELATION AND INTERACTION

1. Are you the head of the family now?
   a) Yes
   b) No
2. Do you have any role in the family?
   a) Yes
   b) No
3. Does anybody depend on you?
   a) Yes
   b) No
4. Do you have any domestic responsibility?
   a) Yes
   b) No
5. Do you have any leisure time for activities?
   1) Yes
   2) No

C. SOCIAL SUPPORT

1. Whom do you depend on for physical support?
   a) Spouse or children
   b) Friends or relatives
   c) Neighbours
   d) None
2. Whom do you depend on for economic support?

a) Spouse or children
b) Friends or relatives
c) Neighbours
d) Self
e) Religious institutions

3. Whom do you like to stay with?
   a) Spouse or children
   b) Friends or relatives
   c) Neighbours
   d) None
4. How often your children visit you?
   a) Often
   b) Sometimes
   c) Never
5. How often your relatives visit you?
   a) Often
   b) Sometimes
   c) Never
6. Do you visit your neighbours?
   a) Often
   b) Sometimes
   c) Never
7. Do you participate in social gatherings?
   a) Often
   b) Sometimes
   c) Never
8. Do you visit places of worship?
   a) Often
   b) Sometimes
   c) Never

SECTION 7: ELDER ABUSE QUESTIONNAIRE

1. Have you ever been physically harmed in any way by anyone at home? Yes/No
2. Have you been called by bad names at home? Yes/No
3. Have you ever been yelled at by anyone at home? Yes/No
4. Has your money/property or assets been used against your will? Yes/No
5. Do have an access to your own money/property at home ?Yes/No
6. Does your family keeps you starving for long periods? Yes/No
7. Does your family keeps you aloof and not involve in important decision making? Yes/No

SECTION 8: **HEALTH CARE SEEKING BEHAVIOUR**

1. Preference of type of treatment
   a) Ayurveda
   b) Homeopathy
   c) Allopathy
   d) Home remedy
   e) Seeks no treatment
   f) Others(specify):

2. Health care facility availed when sick:
   a) Government- Subcentre/PHC/CHC/Hospital
   b) Private- Clinic/hospital
   c) Quack
   d) Faith healer
   e) Over the counter drugs /chemist
   f) Others(specify):

   If not utilizing the government health care facilities, why?
   a) Unaware
   b) Lack of doctors
   c) Lack of medicines
   d) Poor attitude of health care providers
   e) Distant from home
   f) High expenditure
   g) No one to accompany
   h) Disease due to age factor
   i) Others(specify)

3. Distance of health care facility from home?
4. Transportation available: Yes/No
5. Time taken to reach the facility?
6. Accompanying person for seeking health care?
   a) Family member
   b) Neighbour
   c) No one
   d) Others(specify):

7. Have you been prescribed a medicine on routine basis?
   1. Yes 2. No

   If Yes: adherence to the medication
   1. Regular
   2. Irregular due to:
      a) Financial issues

b) Forgets sometimes

c) Takes only on recurrence of symptoms

d) Inconvenient to take on regular basis

e) Others (specify):

8. Indulges in self-medication?

    1. Yes
    2. No

9. Did you change your treating physician?
    1. Yes

    If yes, a) When:
    b) Why:
    c) Do you frequently change your physician?

    2. No

10. Adoption of any life style modification measures along with treatment?
    1. Yes
    If yes, are you following it- a) regularly

    b) Irregularly
    2. No

11. What is average medical expenditure per month?
    1. Expenditure on consultation
    2. Expenditure on medicine
12. Medical expenditure borne by?
    1. Self
    2. Family
    3. Others(specify)

SECTION 9:HEALTH INSURANCE BY ELDERLY

1. Are you aware of any health insurance scheme? Yes/No
2. If yes specify 1. Government 2.Private
3. Have you been enrolled in any health insurance scheme? Yes/No

IF YES, PART A:

a) Specify the scheme
   1. Government initiated health insurance schemes
   2. Private health insurance scheme
   3. Job related health insurance
   4. Others(specify)

b) What was the source of information?
   1. TV
   2. Newspaper
   3. Family members
   4. Friends
   5. Health workers
   6. Colleagues
   7. Insurance agents
   8. Others(specify)

c) What type of health insurance is it?
   1. Individual health insurance
   2. Family floater health insurance
   3. Others(specify)

d) Reasons for availing it
   1. Free of cost or reduced cost benefits of scheme
   2. Protection against many illnesses
   3. Availability of tax benefits
   4. Under pressure of insurance agents
   5. Availed by friends/relatives
   6. Others(specify)

e) How much do you pay yearly for the scheme?

f) Have you availed the benefits of scheme? Yes/No

   If yes: When did you avail it last time?
   For what purpose did you use it?

   If no: specify the reason

IF NO, PART B:

a) Reasons for not taking health insurance scheme?
   1. Unawareness
   2. Not required
   3. No illness
   4. No financial constraint
   5. Low income
   6. Not taken by any friends or relatives
   7. Narrow policy options
   8. Others(specify)

P.G.I. QUALITY OF LIFE SCALE (REVISION FORM)
(A.C. MOUDGIL, S.K. VERMA & KULDIP KAUR)

सीरियल नं.	पहला	दूसरा	तीसरा	चौथा	पाँचवाँ
1 मन पसन्द काम के लिए समय	बिल्कुल नहीं मिला		थोड़ा बहुत मिला		जरूरत से भी ज्यादा मिला ।
2 परेशानियां	बहुत ज्यादा हैं		थोड़ी बहुत हैं।		बिल्कुल भी नहीं हैं।
3 मिला–जुलना (सामाजिक)	बिल्कुल भी नहीं है।		थोड़ा बहुत है ।		बहुत अच्छा है।
4 अपने बच्चों के साथ सम्बन्ध	बहुत ही खराब है।		थोड़ा बहुत ठीक है।		बिल्कुल ठीक है।
5 पति–पत्नी के सम्बन्ध	बहुत ही खराब हैं।		थोड़ा बहुत ठीक हैं।		बिल्कुल ठीक हैं।
6बहिन भाईयों के आपसी सम्बन्ध	बहुत ही खराब हैं।		थोड़ा बहुत ठीक हैं।		बिल्कुल ठीक हैं।
7 बहिन भाईयों के साथ आपके सम्बन्ध	बहुत ही खराब हैं।		थोड़ा बहुत ठीक हैं।		बिल्कुल ठीक हैं।
8 अपने–आप को महसूस करना	बहुत खराब महसुस करते हैं।		थोड़ा बहुत ठीक महसुस करते हैं।		बिल्कुल ठीक महसुस करते हैं।
9. जरूरतें (खाने–पीने, आने–जाने, पहनने–औढ़ने, रहने व धन आदि की)	बिल्कुल ही पूरी नहीं होतीं।		थोड़ी बहुत पूरी होती हैं।		जरुरत से ज्यादा पूरी होती हैं।
10 मन की शांति	बिल्कुल नहीं है।		थोड़ी बहुत है।		पूरी शाँती है।
11 जिन्दगी में दिलचस्पी	बिल्कुल नहीं है।		थोड़ी बहुत है।		बहुत ही ज्यादा है।
12 समाज में आदर–सत्कार	बिल्कुल नहीं मिलता		थोड़ा बहुत मिलता है।		जरुरत से ज्यादा मिलता है।
13 अपने–आपको खतरा (नौकरी, पैसे, जान–माल, आदि का)	बहुत ज्यादा है।		थोड़ा बहुत है।		बिल्कुल भी नहीं है।

14 जिन्दगी में खुशियां	बिल्कुल नहीं मिलीं	थोड़ी बहुत हैं।	जरुरत से ज्यादा मिलीं।
15 आपको दुःख	दुसरों के दुखों से ज्यादा है।	दुसरों के दुखों से कम है।	बिल्कुल भी नहीं है।
16 अपने आपकी जरूरत	बिल्कुल नहीं समझते।	थोड़ी बहुत समझते हैं।	बहुत ज्यादा समझते हैं।
17 अपने अन्दर कमी महसूस	बहुत ज्यादा है।	थोड़ी बहुत करते हैं।	बिल्कुल भी नहीं करते।
18 नई–नई चीजों को जानने की इच्छा	बिल्कुल नहीं करते।	थोड़ी बहुत करते हैं।	बहुत ही ज्यादा करते हैं।
19 नई–नई चीज़ों के बारे में जानने के लिए समय	बिल्कुल नहीं मिलता	थोड़ा बहुत मिलता है।	बहुत ही ज्यादा मिलता है।
20 आप किसी के ऊपर निर्भर	बिल्कुल नहीं करते।	थोड़ा बहुत करते हैं।	बहुत ज्यादा करते हैं।
21 जिन्दगी में आप किस्मत वाले/वाली	बिल्कुल नहीं रहेध रहीं।	थोड़ा बहुत रहेध रहीं।	बहुत ही ज्यादा रहेध रहीं।
22) कोई काम करते निर्णय लेने के आप किसी के ऊपर निर्भर	बहुत ज्यादा करते है।	थोड़ा बहुत करते है।	बिल्कुल भी नहीं करते।

SECTION 10: P.G.I. QUALITY OF LIFE SCALE (REVISED FORM)

A.C. MOUDGIL, S.K. VERMA & KULDIP KAUR

ਸੀਰੀਅਲ ਨੰਬਰ	ਪਹਿਲਾ	ਦੂਜਾ	ਤੀਜਾ	ਚੋਥਾ	ਪੰਜਵਾਂ
1 ਮਨਪਸੰਦ ਕੰਮ ਦੇ ਲਈ ਸਮਾਂ	ਬਿਲਕੁਲ ਨਹੀਂ ਮਿਲਿਆ |		ਥੋੜਾ ਬਹੁਤ ਮਿਲਿਆ |		ਜ਼ਰੂਰਤ ਤੋਂ ਜਿਆਦਾ ਮਿਲਿਆ |
2 ਪਰੇਸ਼ਾਨੀਆਂ	ਬਹੁਤ ਜਿਆਦਾ ਹਨ |		ਥੋੜੀਆਂ ਬਹੁਤ ਹਨ |		ਬਿਲਕੁਲ ਨਹੀਂ ਹੈ |
3 ਮਿਲਣਾ – ਜੁਲਣਾ ਸਮਾਜਿਕ	ਬਿਲਕੁਲ ਨਹੀਂ ਹੈ |		ਥੋੜਾ ਬਹੁਤ ਹੈ |		ਬਹੁਤ ਵਧੀਆ ਹੈ |
4 ਆਪਣੇ ਬਚਿਆਂ ਨਾਲ ਸੰਬੰਧ	ਬਹੁਤ ਹੀ ਖਰਾਬ ਹੈ |		ਥੋੜਾ ਬਹੁਤ ਠੀਕ ਹੈ |		ਬਿਲਕੁਲ ਠੀਕ ਹੈ |
5 ਪਤੀ – ਪਤਨੀ ਦੇ ਸੰਬੰਧ	ਬਹੁਤ ਹੀ ਖਰਾਬ ਹਨ |		ਥੋੜਾ ਬਹੁਤ ਠੀਕ ਹੈ |		ਬਿਲਕੁਲ ਠੀਕ ਹੈ |
6 ਭੈਣਾਂ – ਭਰਾਵਾਂ ਦੇ ਆਪਸੀ ਸੰਬੰਧ	ਬਹੁਤ ਹੀ ਖਰਾਬ ਹਨ |		ਥੋੜੇਬਹੁਤ ਠੀਕ ਹਨ |		ਬਿਲਕੁਲ ਠੀਕ ਹਨ |
7 ਭੈਣਾਂ – ਭਰਾਵਾਂ ਦੇ ਨਾਲ ਤੁਹਾਡੇ ਸੰਬੰਧ	ਬਹੁਤ ਹੀ ਖਰਾਬ ਹਨ |		ਥੋੜੇਬਹੁਤ ਠੀਕ ਹਨ |		ਬਿਲਕੁਲ ਠੀਕ ਹਨ |
8 ਆਪਣੇ ਆਪ ਨੂੰ ਮਹਿਸੂਸ ਕਰਨਾ	ਬਹੁਤ ਖਰਾਬ ਮਹਿਸੂਸ ਕਰਦਾ ਹਾਂ |		ਥੋੜਾ ਬਹੁਤ ਠੀਕ ਮਹਿਸੂਸ ਕਰਦਾ ਹਾਂ |		ਬਿਲਕੁਲ ਠੀਕ ਮਹਿਸੂਸ ਕਰਦਾ ਹਾਂ |
9 ਜਰੂਰਤਾਂ (ਖਾਣ-ਪੀਣ,ਆਣ-ਜਾਣ, ਪਹਿਨਣ-ਓੜਨ, ਰਹਿਣ ਤੇ ਧਨ ਆਦਿ ਦੀ)	ਬਿਲਕੁਲ ਹੀ ਪੂਰੀਆਂ ਨਹੀਂ ਹੁੰਦੀਆਂ |		ਥੋੜੀਆਂ ਬਹੁਤ ਪੂਰੀਆਂ ਹੁੰਦੀਆਂ ਹਨ |		ਜ਼ਰੂਰਤ ਤੋਂ ਜਿਆਦਾ ਪੂਰੀਆਂ ਹੁੰਦੀਆਂ ਹਨ |
10 ਮਨ ਦੀ ਸ਼ਾਂਤੀ	ਬਿਲਕੁਲ ਨਹੀਂ ਹੈ |		ਥੋੜੀ ਬਹੁਤ ਹੈ |		ਪੂਰੀ ਸ਼ਾਂਤੀ ਹੈ |
11 ਜ਼ਿੰਦਗੀ ਵਿੱਚ ਦਿਲਚਸਪੀ	ਬਿਲਕੁਲ ਨਹੀਂ ਹੈ |		ਥੋੜੀ ਬਹੁਤ ਹੈ |		ਬਹੁਤ ਹੀ ਜਿਆਦਾ ਹੈ |
12 ਸਮਾਜ ਵਿੱਚ ਆਦਰ-ਸਤਕਾਰ	ਬਿਲਕੁਲ ਨਹੀਂ ਮਿਲਦਾ |		ਥੋੜਾ ਬਹੁਤ ਮਿਲਦਾ ਹੈ |		ਜ਼ਰੂਰਤ ਤੋਂ ਜਿਆਦਾ ਮਿਲਦਾ ਹੈ |
13 ਆਪਣੇ- ਆਪ ਨੂੰ ਖਤਰਾ (ਨੋਕਰੀ,	ਬਹੁਤ ਜਿਆਦਾ ਹੈ |		ਥੋੜਾ ਬਹੁਤ ਹੈ |		ਬਿਲਕੁਲ ਵੀ ਨਹੀਂ ਹੈ |

ਪੈਸੇ, ਜਾਨ- ਮਾਲ ਆਦਿ ਦਾ)			
14 ਜ਼ਿੰਦਗੀ ਵਿੱਚ ਖੁਸ਼ੀਆਂ	ਬਿਲਕੁਲ ਨਹੀਂ ਮਿਲੀਆਂ |	ਥੋੜੀਆਂ ਬਹੁਤ ਹਨ |	ਜ਼ਰੂਰਤ ਤੋਂ ਜਿਆਦਾ ਮਿਲੀਆਂ |
15 ਆਪ ਨੂੰ ਦੁਖ	ਦੂਸਰਿਆਂ ਦੇ ਦੁਖਾਂ ਤੋਂ ਜਿਆਦਾ ਹੈ |	ਦੂਸਰਿਆਂ ਦੇ ਦੁਖਾਂ ਤੋਂ ਘਟ ਹੈ |	ਬਿਲਕੁਲ ਵੀ ਨਹੀਂ ਹੈ |
16 ਆਪਣੇ ਆਪ ਦੀ ਜ਼ਰੂਰਤ	ਬਿਲਕੁਲ ਨਹੀਂ ਸਮਝਦੇ |	ਥੋੜੀ ਬਹੁਤ ਸਮਝਦਾ ਹਾਂ |	ਬਹੁਤ ਜਿਆਦਾ ਸਮਝਦਾ ਹਾਂ
17 ਆਪਣੇ ਅੰਦਰ ਕਮੀ ਮਹਿਸੂਸ	ਬਹੁਤ ਜਿਆਦਾ ਹੈ |	ਥੋੜੀ ਬਹੁਤ ਕਰਦੇ ਹਾਂ |	ਬਿਲਕੁਲ ਨਹੀਂ ਕਰਦੇ |
18 ਨਵੀਆਂ ਨਵੀਆਂ ਚੀਜਾਂ ਦੇ ਬਾਬਤ ਜਾਣਨ ਦੀ ਇੱਛਾ	ਬਿਲਕੁਲ ਨਹੀਂ ਕਰਦੇ |	ਥੋੜੀ ਬਹੁਤ ਕਰਦੇ ਹਾਂ |	ਬਹੁਤ ਹੀ ਜਿਆਦਾ ਕਰਦੇ ਹਾਂ |
19 ਨਵੀਆਂ-ਨਵੀਆਂ ਚੀਜਾਂ ਦੇ ਬਾਬਤ ਜਾਣਨ ਲਈ ਸਮਾਂ	ਬਿਲਕੁਲ ਨਹੀਂ ਮਿਲਦਾ |	ਥੋੜਾ ਬਹੁਤ ਮਿਲਦਾ ਹੈ |	ਬਹੁਤ ਹੀ ਜਿਆਦਾ ਮਿਲਦਾ ਹੈ|
20 ਆਪ ਕਿਸੇ ਦੇ ਉੱਤੇ ਨਿਰਭਰ	ਬਿਲਕੁਲ ਨਹੀਂ ਕਰਦੇ |	ਥੋੜਾ ਬਹੁਤ ਕਰਦੇ ਹਾਂ	ਬਹੁਤ ਜਿਆਦਾ ਕਰਦੇ ਹਾਂ |
21 ਜ਼ਿੰਦਗੀ ਵਿੱਚ ਤੁਸੀਂ ਕਿਸਮਤ ਵਾਲੇ/ਵਾਲੀ	ਬਿਲਕੁਲ ਨਹੀਂ ਰਹੇ /ਰਹੀ |	ਥੋੜਾ ਬਹੁਤ ਰਹੇ /ਰਹੀ |	ਬਹੁਤ ਜਿਆਦਾ ਰਹੇ / ਰਹੀ |
22 ਕੋਈ ਕੰਮ ਕਰਨ ਵੇਲੇ ਫੈਸਲਾ ਲੇੱਣ ਵਿੱਚ ਆਪ ਕਿਸੇ ਤੇ ਨਿਰਭਰ	ਬਹੁਤ ਜਿਆਦਾ ਕਰਦੇ ਹਾਂ |	ਥੋੜਾ ਬਹੁਤ ਕਰਦੇ ਹਾਂ |	ਬਿਲਕੁਲ ਵੀ ਨਹੀਂ ਕਰਦੇ |

INFORMED PATIENT CONSENT

Date: _____

I.....D/o, W/o, S/o..... .....am willing to participate in the study **"HEALTH STATUS AND HEALTH CARE SEEKING BEHAVIOUR OF ELDERLY IN A RURAL AREA OF LUDHIANA: A COMMUNITY BASED STUDY"** The procedure with its complications has been explained to me in local vernacular language. I have fully understood that no special tests and extra expenditure in any form, merely for the purpose of thesis is being carried out. I am free to opt out the study any time without assigning any reason.

....

Signature of the Witness Signature of the patient

Name:

Signature of Candidate **Signature of Supervisor**

मरीज अनुमति फार्म

तिथि _____

मैं _____ पत्नी/पुत्र/पुत्री _____

निवासी _____

इस शोधकार्य **"HEALTH STATUS AND HEALTH CARE SEEKING BEHAVIOUR OF ELDERLY IN A RURAL AREA OF LUDHIANA: A COMMUNITY BASED STUDY"** में भाग लेने के लिए सहमत हूँ। मैं इस शोधकार्य में भाग लेने के लिए अपनी स्वेच्छा से तैयार हूँ। मैं पुष्टि करता/करती हूँ की यह स्वीकृति देने के लिए मुझे कोई आर्थिक प्रलोभन नहीं दिया गया और न ही दबाव डाला गया है। मुझे इस शोधकार्य का उद्देश्य स्पष्ट कर दिया गया है और मुझे यह विश्वास है की यह विज्ञान और मानवता के लाभ के लिए है। मुझे इस शोधकार्य में होने वाले जोखिम के बारे में समझा दिया गया है और मेरी समझ में यह जोखिम बहुत मामुली है।

मैं इस शोधकार्य में भाग लेने के सम्बन्ध में किसी भी समय अपनी अस्वीकृति व्यक्त कर सकता/सकती हूँ और मेरे अस्वीकृति व्यक्त करने का मेरे इलाज पर कोई प्रभाव नहीं पड़ेगा।

_____ _____

गवाह के हस्ताक्षर रोगी के हस्ताक्षर/अंगूठे का निशान

नाम: नाम:

_____

अन्वेषक के हस्ताक्षर

_____

विद्यार्थी के हस्ताक्षर

ਮਰੀਜ਼ ਰਜ਼ਾਮੰਦੀ ਫਾਰਮ

ਮਿਤੀ_____

ਮੈ_____ਪਤਨੀ/ਪੁੱਤਰ/ਪੁੱਤਰੀ_____

ਵਾਸੀ _____

"HEALTH STATUS AND HEALTH CARE SEEKING BEHAVIOUR OF ELDERLY IN A RURAL AREA OF LUDHIANA: A COMMUNITY BASED STUDY" ਤੇ ਚਲ ਰਹੀ ਖੋਜ ਵਿਚ ਹਿੱਸਾ ਲੈਣ ਲਈ ਰਜ਼ਾਮੰਦ ਹਾਂ। ਇਸ ਖੋਜ ਕੰਮ ਵਿਚ ਹਿੱਸਾ ਲੈਣ ਲਈ ਮੈ ਆਪਣੀ ਮਰਜ਼ੀ ਨਾਲ ਤਿਆਰ ਹਾਂ। ਮੈ ਇਹ ਦਸਣਾ ਚਾਹੁੰਦਾ ਹਾਂ/ ਚਾਹੁੰਦੀ ਹਾਂ ਕੇ ਇਹ ਰਜ਼ਾਮੰਦੀ ਦੇਣ ਵਾਸਤੇ ਮੈਨੂ ਕਿਸੇ ਵੀ ਤਰਾਂ ਦਾ ਲੋਭ-ਲਾਲਚ ਨਹੀ ਦਿੱਤਾ ਗਿਆ ਅਤੇ ਨਾ ਹੀ ਕੋਈ ਦਬਾ ਪਾਇਆ ਗਿਆ ਹੈ। ਮੈਨੂ ਇਸ ਖੋਜ ਦਾ ਮਨੋਰਥ ਸਮਝਾ ਦਿੱਤਾ ਗਿਆ ਹੈ ਅਤੇ ਮੈਨੂ ਇਹ ਭਰੋਸਾ ਦਵਾਇਆ ਗਿਆ ਹੈ ਕੇ ਇਹ ਖੋਜ ਵਿਗਿਆਨ ਅਤੇ ਮਾਨਵਤਾ ਦੀ ਭਲਾਈ ਲਈ ਹੈ। ਮੈਨੂ ਇਸ ਖੋਜ ਵਿਚ ਹੋਣ ਵਾਲੇ ਖਤਰੇ ਬਾਰੇ ਸਮਝਾ ਦਿੱਤਾ ਗਿਆ ਹੈ ਅਤੇ ਮੈਨੂ ਇਹ ਯਕੀਨ ਹੈ ਕੇ ਇਹ ਖਤਰਾ ਬਹੁਤ ਮਾਮੂਲੀ ਹੈ। ਮੈਨੂ ਇਸ ਖੋਜ ਕੰਮ ਵਿਚ ਹਿੱਸਾ ਲੈਣ ਦਾ ਢੰਗ – ਤਰੀਕਾ ਸਮਝਾ ਦਿੱਤਾ ਗਿਆ ਹੈ।

ਮੈ ਇਸ ਖੋਜ ਕੰਮ ਵਿਚ ਹਿੱਸਾ ਲੈਣ ਬਾਰੇ ਆਪਣੀ ਰਜ਼ਾਮੰਦੀ ਕਿਸੇ ਵੀ ਸਮੇ ਵਾਪਸ ਲੈ ਸਕਦਾ ਹਾਂ/ ਸਕਦੀ ਹਾਂ ਅਤੇ ਮੇਰੀ ਰਜ਼ਾਮੰਦੀ ਵਾਪਸ ਲੈਣ ਦਾ ਮੇਰੇ ਇਲਾਜ ਤੇ ਕੋਈ ਅਸਰ ਨਹੀ ਹੋਵੇਗਾ।

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ਗਵਾਹ ਦੇ ਹਸਤਾਖਰ ਮਰੀਜ਼ ਦੇ ਹਸਤਾਖਰ

ਮਿਤੀ_____ ਮਿਤੀ_____

ਪਤਾ _____ ਪਤਾ _____

_____

ਨਿਰੀਖਕ ਦੇ ਹਸਤਾਖਰ

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ਸਿਖਿਆਰਥੀ ਦੇ ਹਸਤਾਖਰ

GLOSSARY OF TERMS

- **Nuclear Family:** a group of persons comprising members of a single or at most two generations, usually husband-wife-unmarried children, united by blood, adoptive or marital, or equivalent ties, living together sharing same kitchen and having single pocket of expenditure.
- **Joint family:** a group of persons belonging to many families united by blood, adoptive or marital or equivalent ties, living together sharing same kitchen and having single pocket or expenditure. It is a lateral extension of nuclear families in which the families or sibling together.
- **Financially independent:** It includes subjects those who have their own source of income through personal source or pension (old age).
- **Partially dependent**: It includes the subjects who have their source of income but partially depend on their family for living.
- **Fully dependent**: It includes the subjects who are fully dependent on their family for living.
- **Physical abuse:** When someone causes bodily harm by hitting, pushing, or slapping.
- **Emotional abuse/Verbal abuse:** Sometimes called psychological abuse, includes a caregiver saying hurtful words, yelling, threatening, or repeatedly ignoring the older person.
- **Neglect**: When the caregiver does not try to respond to the older person's needs.

KEY TO MASTER CHART

liv/Nliv with spouse	living/not living with spouse
Edu (self)	Education self
Total Inc	Total income
SES	Socio-economic status
Med condition	Medical condition
Past His	Past history
RR	Respiratory rate
BP	Blood pressure
BMI	Body mass index
WHR	Waist Hip Ratio
Cyn	Cyanosis
Ict	Icterus
Clubb	Clubbing
Def/exc	Deficiency/excess
HOF(now)	Head of the family (now)

AGE GROUP		**GENDER**	
60-69 years	1	Males	1
70-79 years	2	Females	2
≥80 years	3	**CASTE**	
RELIGION		General	1
Hindu	1	Other Backward Class	2
Sikh	2	Scheduled Caste	3
Muslim	3	Others	4
Christian	4	**EDUCATION**	
Others	5	1^{st} to 5^{th}	1
MARITAL STATUS		6^{th} to 10^{th}	2
Married	1	10^{th} to 12^{th}	3
Unmarried	2	Above 12^{th} std	4
Widow	3	**OCCUPATION**	
Widower	4	Agriculture	1
Divorced	5	Business	2
Separated	6	Service	3
OCCUPATION		Unskilled labour	4
Working	1	Skilled labour	5
Not working	2	Professional	6
FAMILY TYPE		Household work	7
Nuclear family	1	Not working	8
Joint family	2	**TOTAL INCOME**	
LIVELIHOOD		<5000	1
Personal source	1	5-10000	2
Family	2	10-20000	3
Govt/pension	3	20-30000	4
No source	4	>30000	5

SOCIOECONOMIC STATUS		**MEDICAL CONDITIONS**	
Low	1	CAD	1
Low middle	2	Hypertension	2
High middle	3	Diabetes Mellitus	3
High	4	Cataract	4
CHRONIC DISEASE		Arthritis	5
Present	1	Cancer	6
Absent	2	Fall	7
PAST HISTORY		Fracture	8
Cataract surgery	1	Skin disease	9
Hysterectomy	2	COPD	10
Cholecystectomy	3	Epilepsy	11
Herniectomy	4	Urinary incontinence	12
Myocardial Infarction	5	Constipation	13
Angioplasty	6	Acute respiratory illness	14
Hip replacement	7	Diarhhoea	15
APD	8	Prolapse	16
Dental problems	9	Tuberculosis	17
Asthma	10	Hearing difficulty	18
TB	11	Acidity	19
Skin disease	12	Gout	20
Gout	13	Asthma	21
No history	99	Hypothyroidism	22
SLEEP HOURS		Rheumatoid arthritis	23
<6 hrs	1	Others	a
>6 hrs	2	**ADDICTIONS**	
MENOPAUSE		Yes	1
<40	1	No	2

40-44	2	**ADDICTIONS PRESENT**	
45-49	3	Smoking	1
>=50	4	Alcohol	2
Not applicable	99	Tobacco chewing	3
BMI CLASSIFICATION		Jarda	4
Underweight	1	Others	5
Normal	2	Not applicable	99
Overweight	3	**PALLOR/ CYANOSIS/ CLUBBING/ ICTERUS/EDEMA**	
Obese	4	Yes	1
Not applicable	NA	No	2
MENTAL STATE		**CALORIE INTAKE**	
Good	1	Deficiency	1
Fair	2	Excess	2
Poor	3	Normal	3
WHO IS AVAILABLE WHEN NEED TO TALK		**DEPRESSION**	
Spouse	1	Present	1
Children	2	Absent	2
Friends	3	**DEPRESSION CLASSIFICATION**	
Relatives	4	Mild	1
Neighbours	5	Moderate	2
No one	6	Severe	3
COMFORT BY WHOM?		**WHO HELPS IN CRISES**	
Spouse	1	Spouse	1
Children	2	Children	2
Friends	3	Friends	3

Relatives	4	Relatives	4
Neighbours	5	Neighbours	5
No one	6	No one	6
		ARE YOU CURRENTLY HEAD OF FAMILY	
		Yes	1
		No	2

ANYONE DEPENDS ON YOU?		**DO YOU HAV ANY DOMESTIC RESPONSIBILITY?**	
Yes	1	Yes	1
No	2	No	2
DO YOU HAVE LESIURE TIME?		**ECONOMIC SUPPORT FROM WHOM?**	
Yes	1	Spouse	1
No	2	Children	2
PHYSICAL SUPPORT FROM WHOM?		Friends	3
Spouse	1	Relatives	4
Children	2	Neighbours	5
Friends	3	No one	6
Relatives	4	**WHOM DO YOU LIKE TO STAY WITH?**	
Neighbours	5	Spouse	1
No one	6	Children	2
VISITS BY CHILDREN		Friends	3
Often	1	Relatives	4
Sometimes	2	Neighbours	5

Never	3	No one	6
VISITS BY RELATIVES		**NEIGHBOUR VISITS**	
Often	1	Often	1
Sometimes	2	Sometimes	2
Never	3	Never	3
ATTENDED GATHERINGS		**VISIT TO WORSHIP PLACES**	
Often	1	Often	1
Sometimes	2	Sometimes	2
Never	3	Never	3
PHYSICALLY HARMED		**BAD NAMES**	
Yes	1	Yes	1
No	2	No	2
YELLED AT		**VERBAL ABUSE**	
Yes	1	Yes	1
No	2	No	2
MONEY USED AGAINST WILL		**ACCESS TO OWN MONEY**	
Yes	1	Yes	1
No	2	No	2
FINACIAL ABUSE		**ANYONE KEEPS STARVING**	
Yes	1	Yes	1
No	2	No	2
KEEPS ALOOF		**PREFERENCE TO TYPE OF TREATMENT**	
Yes	1	Ayurveda	1
No	2	Homeopathy	2
HEALTH FACILITY AVAILED WHEN SICK		Allopathy	3

Government	1	Home remedies	4
Private	2	Seeks no treatment	5
Quacks	3	Others	6
Faith healer	4	**WHY NOT GOVERNEMENT FACILITY**	
Chemist	5	Unaware	1
Others	6	Lack of docs	2
DISTANCE		Lack of meds	3
<1km	1	Poor attitude of health care providers	4
1-3kms	2	Other health facility nearer	5
3-6kms	3	High expenditure	6
6-10kms	4	No company	7
>10 kms	5	Age factor	8
TIME TO REACH HEALTH FACILITY		Trust on one particular doctor	9
<5mins	1	Long queue	10
5-10 mins	2	Quality of health care/drugs	11
10-20 mins	3	Not applicable	99
20-30 mins	4	**ACCOMPANYING PERSON**	
>30 mins	5	Family	1
ADHERENCE TO MEDICATION		Neighbour	2
Regular	1	No one	3
Irregular	2	**ROUTINE MEDICATION**	
SELF MEDICATION		Yes	1
Yes	1	No	2

No	2	**IRREGULAR DUE TO**	
AWARENESS OF HEALTH INURANCE SCHEME		Financial	1
Yes	1	Forgets to take	2
No	2	On recurrence of symptoms	3
IF AWARE		Inconvenient to take on regular basis	4
Government	1	Side effects	5
Private	2	Habit forming	6
ENROLLED IN SCHEME		**MEDICAL EXPENDITURE**	
Yes	1	<5000	1
No	2	>5000-10000	2
MEMBERS INCLUDED		10000-20000	3
Individual	1	20000-30000	4
Family floater	2	>30000	5
Others	3	**EXPENDITURE BORNE BY**	
YEARLY PAYMENT		Self	1
Nil	1	Family	2
<500	2	Others	3
500-1000	3	**TYPE OF SCHEME**	
1000-2000	4	Government	1
>2000	5	Private	2
Not renewed	6	Job-related	3
BENEFITS AVAILED FOR		Others	4
OPD	1	**BENEFITS AVAILED**	

Surgery	2	Yes	1
Admission due to other reason	3	No	2
For family member	4	**REASONS FOR NOT ENROLLING**	
QUALITY OF LIFE		Unawareness	1
Excellent	1	Not required	2
Good	2	No illness	3
Fair	3	No financial constraints	4
Poor	4	Low income	5
		Not taken by friends/relatives	6
		Narrow policy options	7
		Not eligible	8
		No benefit	9
		Got delayed	10
		Others	a

*NOT APPLICABLE-99

Sr.No	Name Initials	Village	Age	Age group	Gender	Religion	Caste	Marital Status	liv/Nliv with spouse	Edu(self)	Occ	Occ(working/not working)	Family type	INCOME	Total Inc	livelihood	SES	Med Conditions	chronic conditon present/absent	Past His	Addictions	if yes	Sleep	Menopause	Menopause	Pulse	RR	BP	Height	weight	BMI	BMI CLASSIFICATION	WHR	Pallor	Cyn	ict	clubb
1	MK	Pohir	64	1	2	2	1	1	1	4	7	1	2	35k	5	2	3	2,3,5,7,13,14	1	1	2	99	1	49	3	67	11	220/120	161.4	60	23.10	3	0.95	1	2	2	2
2	GK	Pohir	80	3	2	2	1	3	2	2	7	1	2	45k	5	2,3	3	1,5,,13,18	1	1	2	99	1	50	4	58	12	140/80	148	44	20.10	2	1	1	2	2	2
3	JK	Pohir	83	3	2	2	3	3	2	3	7	1	1	9k	2	2,3	2	2,13,18	1	1,2	2	99	1	40	2	100	15	158/86	144	38.8	18.70	2	1	1	2	2	2
4	SS	Pohir	80	3	1	2	1	4	2	2	8	2	2	45k	5	2,3	3	2,18,a	1	1	1	3	2	0	99	76	16	140/80	153	55	23.50	3	1.01	1	2	2	2
5	MS	Pohir	64	1	1	2	1	1	1	1	8	2	2	45k	5	2,3	3	13	2	3	1	2	1	0	99	76	14	130/80	170	57.6	19.90	2	0.94	1	2	2	2
6	MS	Pohir	79	2	1	2	1	1	1	3	8	2	2	22k	4	2,3	3	1,2,13,18	1	1,5,6	2	99	2	0	99	80	12	160/70	155	64.6	26.90	4	1.03	1	2	2	2
7	DS	Pohir	61	1	1	2	1	4	2	4	2	1	2	50k	5	1,2,3	3	2,3,18	1	1	1	4	2	0	99	62	11	138/90	165	53	19.50	2	1.05	2	2	2	2
8	DK	Pohir	82	3	2	2	3	1	1	4	8	2	1	10k	2	2,3	2	4,12,13,14,16,18	1	3	2	99	2	47	3	80	12	170/98	156	60	24.70	3	0.93	1	2	2	2
9	MK	Pohir	72	2	2	2	2	1	1	2	7	1	2	35k	5	2,3	3	14,a	2	1,13	2	99	2	47	3	84	12	120/90	150	50	22.20	2	0.98	1	2	2	2
10	AS	Pohir	66	1	1	2	3	4	2	4	1	1	2	10k	2	2,3	2	1,2,5,7,13,14,18	1	9	2	99	2	0	99	92	15	150/92	168	62	24.20	3	1.02	1	2	2	2
11	JK	Pohir	75	2	2	2	2	1	1	4	7	1	2	15k	3	2,3	2	1,3,14,18	1	1	2	99	2	40	2	88	12	128/82	152	45	19.50	2	1	1	2	2	2
12	GS	Pohir	67	1	1	2	2	1	1	2	7	1	1	35k	5	2,3	3	1,2,5,18,a	1	5,6	2	99	2	0	99	84	12	146/82	165	63.3	23.30	3	0.99	2	2	2	2
13	KK	Pohir	70	2	2	3	3	1	1	4	7	1	2	18k	3	2,3	2	2,3,5,7,8,18	2	99	2	99	2	50	4	100	14	174/100	152	54.6	23.60	3	1.04	1	2	2	2
14	JS	Pohir	73	2	1	2	1	1	1	2	8	2	2	55k	5	2	3	1,2,14,18	1	5,6	2	99	1	0	99	70	11	146/90	175	80	26.00	4	1.09	1	2	2	2
15	HS	Pohir	79	2	1	2	2	1	1	4	2	1	2	20k	3	1,3	2	2,5,7,12	2	9	2	99	2	0	99	75	13	150/94	162	59.9	22.80	2	1.03	2	2	2	2
16	PK	Pohir	65	1	2	2	1	1	1	2	7	1	2	40k	5	1,2	3	3,5,14,18,a	1	1	2	99	2	49	3	84	14	160/100	152	62.7	27.10	4	0.98	1	2	2	2
17	BS	Pohir	72	2	1	2	1	1	1	2	8	2	2	45k	5	2,3	3	1,2,5,7,9,18	1	1,6	1	2	2	0	99	76	13	180/100	173	81	27.00	4	1.02	2	2	2	2
18	GK	Pohir	69	1	2	2	1	3	2	4	7	1	1	55k	5	2,3	3	2,5,12,18,a	1	1	2	99	1	49	3	80	16	180/110	166	87.3	31.70	4	0.95	1	2	2	2
19	PK	Pohir	70	2	2	2	1	1	1	4	7	1	2	35k	5	2,3	3	3,13,14	1	13	2	99	2	45	3	72	12	140/100	156	74.4	30.00	4	1.05	1	2	2	2
20	PS	Pohir	75	2	1	2	2	1	1	4	8	2	1	25k	4	2,3	3	2,9,12,14,18	1	12	1	4	2	0	99	78	13	130/82	161	56.5	21.80	2	0.96	1	2	2	2
21	CK	Pohir	74	2	2	2	1	1	1	4	7	1	1	28k	4	1	2	2,5,7,12,18,a	1	5	2	99	1	45	3	80	14	160/98	161	71	27.00	4	0.97	1	2	2	2
22	NK	Pohir	80	3	2	2	1	3	2	4	7	1	2	26k	4	2	3	2,4,18	1	1	2	99	2	47	3	64	11	150/90	155	51.2	21.50	2	1.04	2	2	2	2
23	SK	Pohir	75	2	2	2	1	3	2	2	7	1	2	40k	5	2	4	1,2,5,7,18,a	1	1	2	99	2	45	3	76	20	150/90	161	74	28.50	4	0.96	1	2	2	2
24	LS	Pohir	94	3	1	2	1	4	2	2	8	2	2	40k	5	2	4	4,5,7,13,18	1	1,7	2	99	2	0	99	62	17	100/64	188	61	17.30	1	0.95	1	2	2	2
25	AK	Pohir	65	1	2	2	1	3	2	2	7	1	2	30k	4	2	3	1,4,7,12,13,18	1	99	2	99	2	51	4	65	19	158/92	156	63.6	26.00	4	0.97	1	2	2	2
26	MK	Pohir	72	2	2	2	1	3	2	4	7	1	2	40k	5	2	4	1,2,5,12,14,18,a	1	1,5,6	2	99	1	50	4	74	17	168/92	153	49	20.90	2	0.85	1	2	2	2
27	NK	Pohir	73	2	2	2	3	1	1	4	7	1	2	10k	2	2,3	2	1,2,3,7,8,12,18,a	1	1	2	99	1	52	4	64	12	160/96	165	85	31.20	4	0.94	1	2	2	1
28	MK	Pohir	86	3	2	2	3	3	2	4	8	2	2	9k	2	2,3	2	1,5,14	1	1	2	99	2	40	2	96	17	110/70	150	36.8	18.00	1	1.03	1	2	2	2
29	DS	Pohir	80	3	1	2	3	4	2	4	2	1	1	7k	2	1,3	2	7,12,13,a	2	1	2	99	2	0	99	84	15	144/92	169	66.6	23.00	3	1.06	2	2	2	2
30	SK	Pohir	77	2	2	2	3	3	2	4	7	1	2	30k	4	1,2	3	1,5,12,13,18	1	1,2,3	2	99	1	47	3	76	13	150/82	152	53.8	23.30	3	1.03	1	2	2	2
31	AK	Pohir	69	1	2	2	1	3	2	4	7	1	2	45k	5	2,3	3	1,2,3,5,14	1	3,4,5,6	2	99	1	43	2	80	16	130/80	158	73.5	29.40	4	1.16	1	2	2	2
32	MK	Pohir	69	1	2	2	3	3	2	4	7	1	1	8k	2	3	2	3,7,13,18,a	1	2	2	99	1	39	1	86	15	140/100	152	62.3	26.70	4	0.96	2	2	2	2
33	SK	Pohir	70	2	2	2	3	3	2	2	7	1	2	20k	3	2,3	3	2,3,13,14,21	1	10	2	99	2	50	4	98	16	160/94	149	52	23.40	3	0.85	1	2	2	2
34	BK	Rangian	71	2	2	2	2	1	1	4	7	1	2	25k	4	2,3	2	2,4,5,22	1	9	2	99	2	45	3	69	10	168/98	157	88.3	35.80	4	0.95	2	2	2	2
35	MK	Rangian	60	1	2	2	1	1	1	4	7	1	2	30k	4	2	3	4,5,11,18,23,a	1	1	2	99	1	45	3	78	10	110/78	159	47	18.60	2	0.97	2	2	2	2
36	JS	Rangian	76	2	1	2	1	4	2	1	8	2	2	20k	4	2,3	3	13,19	2	9	1	2	1	0	99	84	12	120/80	162	50.7	19.10	2	1.01	2	2	2	2
37	JS	Rangian	66	1	1	2	1	1	1	2	1	1	2	60k	5	2	3	1,2,14,a	1	5,	1	2	2	0	99	83	10	150/100	175	66.8	21.80	2	1	2	2	2	2
38	KD	Rangian	80	3	2	1	1	1	1	2	8	2	2	60k	5	2	3	1,2,10,13,14	1	1,5,6	2	99	2	48	3	80	12	110/70	155	42.3	17.60	1	0.89	1	2	2	2
39	PK	Rangian	80	3	2	2	1	3	2	4	7	1	2	45k	5	2,3	3	1,2,5,9,12,18,a	1	1,3,5	2	99	2	51	4	64	11	158/96	NA	NA	NA	NA	NA	1	2	2	2
40	BK	Rangian	82	3	2	2	1	3	2	4	7	1	2	50k	5	2,3	3	2,3,12,13,14,16,18	1	1	2	99	2	44	2	72	11	110/70	152	63.2	27.40	4	1.04	1	2	2	2
41	RP	Rangian	65	1	1	1	1	1	1	2	8	2	2	70k	5	2	4	14,15	2	99	2	99	2	0	99	75	11	148/80	162	70	26.70	4	1.1	2	2	2	2
42	AS	Rangian	67	1	1	2	1	1	1	2	8	2	2	70k	5	2,3	3	2,9,10,14	1	99	2	99	2	0	99	76	11	160/100	180	84	25.90	4	1.02	2	2	2	2
43	BS	Rangian	69	1	1	2	2	1	1	2	8	2	2	45k	5	3	3	11,a	2	1	1	2	2	0	99	86	12	146/86	157	62	25.20	4	1.05	2	2	2	2
44	RS	Rangian	80	3	1	2	1	1	1	2	8	2	2	40k	5	2	3	1,9,12,18	1	1,5,6	2	99	1	0	99	7	11	160/88	175	65	21.00	2	1	1	2	2	2
45	SS	Rangian	69	1	1	2	2	1	1	4	1	1	2	30k	4	2	3	1,2,5,18	1	1	2	99	2	0	99	83	12	146/94	170	82.5	28.50	4	1.02	1	2	2	2
46	GK	Rangian	74	2	2	2	1	3	2	4	7	1	2	55k	5	2	3	1,2,3	1	1,5,6	2	99	2	45	3	79	10	138/90	157	52	21.00	2	0.98	1	2	2	2
47	GS	Rangian	65	1	1	2	1	1	1	2	8	2	2	50k	5	2,3	3	1,2	1	5,6	1	2	2	0	99	81	12	128/90	182	93	28.00	4	1.02	2	2	2	2
48	CS	Rangian	67	1	1	2	1	1	1	2	5	1	2	30k	4	2	3	2,7,14	1	9	1	2	1	0	99	69	10	148/78	172	65	22.00	2	0.98	2	2	2	2

Sr.No	Name Initials	edema	Calories	calorie intake	Mental State	Depression	Depression score	Depression classification	Need to talk	Help in crisis	Comfort by	HOF (now)	Role in family	Anyone depends on	Domestic responsibility	Leisure Time	Physical support	Economic support	Likes to stay	Children visits	Relative visits	Neighbour visits	Gatherings	Worship place	physically harmed	bad names	yelled	VERBAL ABUSE	money/assets against will	access to own money	FIANANCIAL ABUSE	keeps starving	keeps aloof
1	MK	2	1574	2	1	1	9	2	4,5	4,5	4,5	2	2	2	2	1	1,2,4,5	1,2,4,5	1,2,4	3	2	2	2	2	2	1	1	1	1	2	1	2	1
2	GK	2	1268	2	2	2	3	99	2,4,5	2,4	2,5	2	1	2	2	2	4,5	5	2,3,4	2	2	2	2	2	2	2	2	2	2	1	2	2	2
3	JK	2	902	1	2	1	7	1	2,4,5	2,4	2,4	2	2	2	2	1	2,3,4	2,3,4	2,3,4	1	1	1	1	1	2	2	2	2	2	1	2	2	2
4	SS	2	1300	3	1	2	1	99	2,4,5	2,4	2,5	2	1	2	2	1	1,2	1,2	1,2	2	2	2	2	3	2	2	2	2	2	1	2	2	2
5	MS	2	1720	1	1	2	4	99	2	2	2	1	1	2	2	1	2	2	2	1	1	2	2	2	2	2	2	2	2	1	2	2	2
6	MS	2	1890	2	1	2	3	99	1,2,4,5	1,2,4	1,2,4,5	1	1	2	2	1	1,2	1,2	1,2	1	2	2	2	1	2	2	2	2	2	1	2	2	2
7	DS	2	1685	1	1	2	4	99	2,4,5	2,4	2,4,5	2	1	1	1	2	4	4	4	2	2	2	2	1	2	2	2	2	2	1	2	2	2
8	DK	2	1289	2	2	1	10	2	2,4,5	4,5	4,5	1	1	2	1	2	1	1	1	3	2	2	2	2	2	2	2	2	2	1	2	2	2
9	MK	2	1330	3	1	2	2	99	1,2	1,2	1,2	2	1	2	1	2	1,2	1,2	1,2	2	2	2	2	2	2	2	2	2	2	1	2	2	2
10	AS	2	2080	2	2	1	9	2	2,4,5	2,4,5	2,4,5	2	1	1	1	2	2,4	2	2	2	2	2	2	2	2	2	1	1	2	1	2	2	2
11	JK	2	1250	2	2	2	3	99	1,2	1,2	1,2	2	1	1	2	1	2	2	2	2	2	1	1	2	2	2	2	2	2	1	2	2	2
12	GS	2	2103	2	1	2	1	99	2,5	2,5	2,5	1	1	1	1	2	1,2	1,2	1,2	2	2	1	2	1	2	2	2	2	2	1	2	2	2
13	KK	2	1120	3	2	1	10	2	2,4,5	2,4	2,4,5	2	1	2	2	2	2,4,5	2,4	2,4	2	2	2	2	3	2	2	2	2	1	2	1	2	2
14	JS	1	1900	2	1	2	1	99	2,3,4	2,3,4	2,3,4	1	1	1	1	1	1,2	1,2	1,2	2	2	2	2	2	2	2	2	2	2	1	2	2	2
15	HS	2	1689	3	2	2	4	99	2,3,4,5	2,5	2,3,4,5	1	1	1	1	1	2	2	2	1	1	2	2	2	2	2	2	2	2	1	2	2	2
16	PK	1	1638	2	1	2	2	99	1,2,4	1,2,4	1,2,4	2	1	2	1	1	1,2	1,2	1,2	2	2	2	2	2	2	2	2	2	2	1	2	2	2
17	BS	1	1905	2	1	2	3	99	1,2,3,4	1,2,3,4	1,2,3,4	1	1	2	1	2	2	2	2	2	2	2	2	2	2	2	2	2	2	1	2	2	2
18	GK	2	1683	1	2	1	6	1	2,4,5	2,4,5	2,4,5	1	1	1	1	1	2	2	2	2	2	2	2	3	2	2	2	2	2	1	2	2	2
19	PK	2	1748	2	1	2	4	99	2,3,5	2,3,5	2,3,5	1	1	2	1	1	1,2	1,2	1,2	1	1	1	2	2	2	2	2	2	2	1	2	2	2
20	PS	2	1705	2	2	1	7	1	5	2	5	2	2	2	2	2	2	2	2	2	2	2	2	3	2	2	1	1	2	1	2	2	2
21	CK	1	1616	2	1	1	7	1	2,5	2,5	2,5	1	1	2	2	1	2	2	2	2	2	2	2	3	2	2	2	2	2	1	2	2	2
22	NK	2	1087	1	2	2	3	99	2,4,5	2,4,5	2,4,5	1	1	2	2	1	2,4,	2,4	2,4	2	2	2	2	1	2	2	2	2	2	1	2	2	2
23	SK	2	1324	2	1	2	3	99	2,5	2,5	2,5	1	1	2	1	1	2,4	2,4	2	1	1	2	2	2	2	2	2	2	2	1	2	2	2
24	LS	2	696.9	1	2	1	6	1	2,4,5	2,4,5	2,4,5	2	2	2	2	1	2,4	2,4	2	2	2	2	1	3	2	2	2	2	2	1	2	2	2
25	AK	1	1130.5	1	1	2	3	99	2,3,5	2,3,4,5	2,3,4,5	2	2	1	2	1	2,3,4,5	2,3,4	2	2	2	1	1	1	2	2	1	1	2	1	2	2	2
26	MK	1	960	1	1	1	7	1	2,4,5	2,4,5	2,4,5	1	1	2	2	1	2	2	2	1	2	3	2	3	2	2	1	1	2	1	2	2	1
27	NK	1	1701	2	1	2	1	99	2,5	2,5	2,5	2	1	2	2	1	2	2	2	1	1	1	1	1	2	2	2	2	1	2	1	2	2
28	MK	2	866	1	1	1	6	1	2,5	2,4,5	2,4,5	2	2	2	1	1	2	2	2	1	2	3	3	3	2	2	2	2	2	1	2	2	2
29	DS	2	1506	2	2	1	5	1	2,4,5	2,4,5	2,4,5	1	1	2	2	2	2	2	2	1	3	2	2	3	2	2	2	2	2	1	2	2	2
30	SK	1	1162	1	2	2	1	99	2,4	2,4	2,4	2	1	2	1	1	2	2	2	2	2	2	2	3	2	2	1	1	2	1	2	2	1
31	AK	1	907	1	1	2	2	99	2,4,5	2,4,5	2,4,5	1	1	2	1	1	2,4	2,4	2,4	2	1	1	2	1	2	2	2	2	2	1	2	2	2
32	MK	1	1725	2	2	1	8	1	5	2	5	2	2	2	2	1	2	5	6	2	3	2	2	3	1	1	1	1	1	2	1	1	1
33	SK	2	1137	1	1	2	4	99	2,4,5	2,4	2,4,5	2	1	2	2	1	2	2	2	2	2	2	3	2	2	2	1	1	2	1	2	2	2
34	BK	2	1954	2	1	1	8	1	2,4	2,4,5	2,4,5	1	1	2	1	1	1,2	1,2	1,2	1	1	2	2	1	2	2	2	2	2	1	2	2	2
35	MK	2	1319	1	1	2	4	99	1,2	1,2	1,2	2	1	1	1	1	1,2	1,2	1,2	2	2	2	2	2	2	2	2	2	2	1	2	2	2
36	JS	2	1934	2	1	2	3	99	3,5	3,5	3,5	1	1	2	2	1	3,5	3,5	3	2	2	2	2	2	2	2	2	2	2	1	2	2	2
37	JS	2	2007	2	2	2	1	99	1,2,3,4	1,2,3,4	1,2,3,4	1	1	1	1	2	1,2,3,4	1,2,3,4	1,2,3,4	2	2	2	2	2	2	2	2	2	2	1	2	2	2
38	KD	1	771	1	1	1	5	1	5	1,2,3,4	4,5	1	1	2	1	1	1,2,4	1,2,4	6	2	2	2	2	2	2	2	2	2	2	1	2	2	2
39	PK	2	1389	2	2	2	4	99	2,5	2	2,5	2	1	2	1	1	2	2	2	2	2	2	2	2	2	2	2	2	2	1	2	2	2
40	BK	2	1410	2	2	1	7	1	2,5	2	2,5	2	1	2	2	1	2	2	2	1	2	2	2	2	2	2	2	2	2	1	2	2	2
41	RP	2	2039	2	1	2	1	99	1,2	1,2	1,2	1	1	1	1	1	1,2	1,2	1,2	1	1	1	2	1	2	2	2	2	2	1	2	2	2
42	AS	2	2289	2	1	2	3	99	3,4	3,4	3,4	1	1	1	2	1	4	3,5	6	1	1	1	1	2	2	2	2	2	2	1	2	2	2
43	BS	2	1665	3	1	1	5	1	1,2,4,5	1,2	1,2,4,5	1	1	2	1	1	1,2	1,2	1,2	2	2	2	2	2	2	2	2	2	2	1	2	2	2
44	RS	2	1150	1	1	1	5	1	1,2	1,2	1,2	1	2	2	1	2	1,2	1,2	1,2	1	1	1	2	2	2	2	2	2	2	1	2	2	2
45	SS	2	2300	2	1	2	4	99	1,2	1,2	1,2	2	1	1	1	1	1,2	1,2	1,2	1	1	2	2	2	2	2	2	2	2	1	2	2	2
46	GK	2	1086	3	2	2	2	99	1,2	1,2	1,2	1	2	2	2	2	1,2	1,2	1,2	1	1	1	2	3	2	2	2	2	2	1	2	2	2
47	GS	2	2428	2	1	2	4	99	1,2	1,2	1,2	1	1	1	1	1	1,2	1,2	1,2	1	1	1	2	2	2	2	2	2	2	1	2	2	2
48	CS	2	1935	3	2	1	8	1	1,2	1,2	1,2	1	1	1	1	1	1,2	1,2	1,2	2	2	2	2	2	2	2	2	2	2	1	2	2	2

Sr.No	Name Initials	Pref for Tt	Health facility availed when sick	Why not government facility	Distance	Transport	Time	Accompanying person	Routine Med	Adherence to med	Irregular due to	Self medication	Medical expenditure per month	expenditure borne by	Awareness of health insurace	if yes	enrolled	scheme	MEMBERS INCLUDED	yearly payment	benefits availed	availed why	why not enrolled	quality of life
1	MK	3	2,3	9	4	1	4	1	1	2	2,4	1	2	2	2	99	2	99	99	99	99	99	1	4
2	GK	1	2,3,5	3	5	1	5	1	1	2	5	1	5	1,2	1	1	2	99	99	99	99	99	2	1
3	JK	1,3,4	3,5	5	1	1	1	2	1	2	1,2	1	1	1,2	2	99	2	99	99	99	99	99	1	3
4	SS	3	1,5	99	3	1	3	2	2	99	99	1	1	2	1	1	1	1	2	6	2	99	99	1
5	MS	1,2	3,4,5	2	1	1	1	3	2	99	99	1	1	2	1	1	2	99	99	99	99	99	2	2
6	MS	1,3	1,2,5	99	5	1	5	1	1	1	99	1	4	1	1	1	2	99	99	99	99	99	9	2
7	DS	1,3	1,2,3	99	1,4	1	1,4	2	1	1	99	1	1	1	1	1	2	99	99	99	99	99	6	1
8	DK	1,2,4	2,3,5	11	1,4	1	1,4	1	1	2	1	1	2	1	2	99	2	99	99	99	99	99	1	2
9	MK	1,3	1,2,5	99	4	1	4	1	2	99	99	1	1	1	2	99	2	99	99	99	99	99	1	2
10	AS	1,3	1,3,5	99	1,5	1	1,5	3	1	2	3	1	1	1	2	99	2	99	99	99	99	99	a	3
11	JK	3	1,5	99	5	1	5	1	1	2	2,3	1	1	2	2	99	2	99	99	99	99	99	1	3
12	GS	1,3,4	1,2	99	1,4	1	1,4	1	1	2	3	1	1	1,2	1	1	1	1	2	6	2	99	99	2
13	KK	1,2,3,4,5	3,5	4	1	1	1	1,2	1	2	2,3	1	1	1	2	99	2	99	99	99	99	99	1	2
14	JS	1,3	2,3	11	1,3	1	1,3	1	1	1	99	1	1	2	2	99	2	99	99	99	99	99	a	2
15	HS	1,3,4	1,2,3,4,5	99	3	1	3	3	1	2	3,5	1	1	2	1	1	1	1	2	2	2	99	99	1
16	PK	3	2,3,5	3	1,4	1	4	1	1	1	99	1	2	2	2	99	2	99	99	99	99	99	1	1
17	BS	1,3	1,2,3,5	99	2,4	1	3,4	1	1	1	99	1	1	1,2	2	99	2	99	99	99	99	99	1	2
18	GK	3	2,3,5	3,11	4	1	4	1	1	2	5	1	4	2	2	99	2	99	99	99	99	99	1	1
19	PK	3	2,5	4	4	1	4	1	1	1	99	1	3	1,2	1	1	2	99	99	99	99	99	4,7	1
20	PS	1,2,3	1,3	99	1	1	2	3	2	99	99	1	1	1	2	99	2	99	99	99	99	99	1	3
21	CK	3	1	99	4	1	4	1	1	2	2	1	4	1,2	2	99	2	99	99	99	99	99	1	1
22	NK	1,3	1,3,5	99	1	1	2	1	1	2	3	1	1	2	2	99	2	99	99	99	99	99	1	2
23	SK	3,4	1,2	99	4	1	4	1,2	1	1	99	1	4	2	1	1	1	1	2	6	2	99	99	1
24	LS	3,4	2	3	4	1	4	1	2	99	99	1	4	2	2	99	2	99	99	99	99	99	1	2
25	AK	1,3	1,2,5	99	4	1	1	1,2	1	2	6	1	1	2	2	99	2	99	99	99	99	99	1	1
26	MK	1,3	2	3,4	4	1	4	1	1	2	2	1	4	2	1	1	1	3	2	4	1	2	99	3
27	NK	3	1	99	3	1	3	1	1	2	1,2,3	1	4	2	1	1	1	1	2	2	2	99	99	3
28	MK	1,2,3	1,3,5	99	1	1	2	3	1	1	99	1	1	1	2	99	2	99	99	99	99	99	1	2
29	DS	1,3	1,2,3,5	99	3	1	3	3	2	99	99	1	1	1	1	1	2	99	99	99	99	99	7	3
30	SK	1,2	1,2	99	1,4	1	1,4	1	1	1	99	1	1	2	1	1	1	2	2	4	1	2	99	3
31	AK	2,3	2,5	2	1,4	1	1,4	1	1	1	99	1	4	1,2	2	99	2	99	99	99	99	99	1	1
32	MK	1,3	1,2,5	99	1	1	1	2	1	2	3	1	1	1	1	1	1	1	2	6	2	99	99	3
33	SK	1,3,4	2,5	3,4	1	1	1	1	1	2	3,5	1	1	1,2	2	99	2	99	99	99	99	99	1	2
34	BK	1,3,4,5	1,2,3,5	99	4,5	1	4,5	1	1	2	3,4	1	2	1	1	1	2	99	99	99	99	99	6	3
35	MK	1,2,3	1,2,3	99	1	1	1	1	1	1	99	1	2	2	1	1	1	1	2	2	2	99	99	2
36	JS	1,3	1,5	99	1	1	2	2	2	99	99	1	1	1,2	2	99	2	99	99	99	99	99	1	2
37	JS	1,3,4	1,2	99	1	1	1	1,2	1	2	5	1	1	2	2	99	2	99	99	99	99	99	1	1
38	KD	1,2,3,4	1,2,3,5	99	1	1	1,2	1,2	1	2	5,6	1	3	1	2	99	2	99	99	99	99	99	1	1
39	PK	2,3	2	9	1,4	1	1,4	1	1	1	99	1	2	1,2	2	99	2	99	99	99	99	99	1	2
40	BK	1,2	2	11	1,4	1	1,4	1	1	2	2,5	1	4	2	1	1	1	1	2	3	1	3	99	2
41	RP	1,3	2,3	2	2	1	2	2	1	1	99	1	3	1	1	2	1	2	1	5	1	2	99	1
42	AS	3	1,2	99	5	1	5	3	1	2	3	1	2	1,2	2	99	2	99	99	99	99	99	1	2
43	BS	3	2	3	4	1	4	1	2	99	99	1	1	1	1	1	1	3	2	3	1	2	99	2
44	RS	3	1,3,5	99	1	1	1	3	1	2	2,4	1	1	1,2	1	1,2	2	99	99	99	99	99	2	3
45	SS	3	2,5	9	1	1	1	1	1	1	99	1	4	2	2	99	2	99	99	99	99	99	1	2
46	GK	3	2	9	1	1	1	1	1	1	99	1	3	2	2	99	2	99	99	99	99	99	1	2
47	GS	1,3	1,2	99	1,2	1	1,2	1	1	2	2	1	2	1	1	1	1	3	2	4	1	1	99	2
48	CS	3	1,5	99	1,2	1	1,2	2	2	99	99	1	1	1,2	1	1	2	99	99	99	99	99	7	1

Sr.No	Name Initials	Village	Age	Age group	Gender	Religion	Caste	Marital Status	liv/Nliv with spouse	Edu(self)	Occ	Occ(working/not working)	Family type	INCOME	Total Inc	livelihood	SES	Med Conditions	chronic conditon present/absent	Past His	Addictions	if yes	Sleep	Menopause	Menopause	Pulse	RR	BP	Height	weight	BMI	BMI CLASSIFICATION	WHR	Pallor	Cyn	ict	clubb
49	SS	Rangian	65	1	1	2	2	1	1	4	8	2	2	22k	4	2,3	3	3,5,14,18	1	99	2	99	2	0	99	76	11	168/90	168	65.3	23.10	3	1.01	1	2	2	2
50	SK	Rangian	65	1	2	2	1	3	2	1	7	1	2	25k	4	2,3	3	2,3,5,8,18	1	99	2	99	2	49	3	73	13	140/90	160	67	26.20	4	1.01	1	2	2	2
51	GK	Rangian	65	1	2	2	3	1	1	4	7	1	2	25k	4	2,3	2	1,2,3,4,12,18	1	1	2	99	1	49	3	66	11	148/88	159	69	27.00	4	0.9	1	2	2	2
52	HK	Rangian	75	2	2	2	2	1	1	4	7	1	2	20k	3	2,3	2	1,2,5,13,18,a	1	1	2	99	2	52	4	72	13	168/95	165	80	29.00	4	0.99	1	2	2	2
53	HS	Rangian	74	2	1	2	1	1	1	1	2	1	2	60k	5	2,3	4	2,5,6,14,18	1	99	1	2	2	0	99	70	12	158/86	154	63	26.60	4	1	1	2	2	2
54	HS	Rangian	61	1	1	2	2	2	2	2	1	1	2	35k	5	1,2,3	3	2,14	1	99	1	2	1	0	99	80	13	130/80	160	65	25.40	4	0.96	2	2	2	2
55	GK	Rangian	88	3	2	2	3	3	2	4	7	1	2	8k	2	2,3	2	2,5,7,13,18	1	12	2	99	1	42	2	84	14	130/70	150	40	17.80	1	0.86	1	2	2	2
56	GK	Rangian	63	1	2	2	1	1	1	2	7	1	2	80k	5	2,3	4	5,14	1	3	2	99	1	49	3	72	16	138/80	170	68	23.00	3	0.94	2	2	2	2
57	KK	Rangian	66	1	2	2	3	1	1	4	7	1	2	25k	4	1,2	2	1,2,3,4,12,18,22	1	1	2	99	1	46	3	76	14	150/80	159	69	27.00	4	0.94	1	2	2	2
58	DS	Lehra	65	1	1	2	3	1	1	2	4	1	2	8k	2	1,3	2	2,14	1	99	1	1,4	2	0	99	78	14	164/94	173	62	20.70	2	0.94	2	2	2	2
59	TK	Lehra	88	3	2	2	3	3	2	4	8	2	2	25k	4	2,3	3	1,2,7,16,18	1	12	2	99	2	50	4	60	11	130/82	NA	NA	NA	NA	NA	1	2	2	2
60	SS	Lehra	76	2	1	2	1	1	1	3	8	2	2	80k	5	2,3	4	1,2,13	1	5,6	2	99	2	0	99	69	12	158/86	180	70	21.60	2	0.93	2	2	2	2
61	HK	Lehra	73	2	2	2	1	3	2	1	7	1	2	50k	5	2,3	4	1,2,5,7,9,12	1	1,5,6	2	99	2	50	4	64	10	138/78	159	67	26.50	4	1.01	1	2	2	2
62	BS	Lehra	70	2	1	2	2	1	1	1	8	2	2	30k	4	2	3	3,13	1	9	1	2	2	0	99	89	15	164/98	177	100	32.00	4	1.13	2	2	2	2
63	HK	Lehra	69	1	2	2	2	1	1	4	7	1	2	25k	4	2,3	3	6,14	1	99	2	99	2	49	3	84	15	130/90	153	53.2	22.70	2	1.01	1	2	2	2
64	JS	Lehra	67	1	1	2	1	1	1	3	1	1	2	35k	5	1,2	3	3,4,5	1	99	2	99	2	0	99	94	14	124/82	164	68.7	25.50	4	1.04	2	2	2	2
65	HS	Lehra	80	3	1	2	1	4	2	4	8	2	2	32k	5	2	3	9,14	2	1	1	2	1	0	99	83	12	146/86	182	62	18.70	2	0.97	2	2	2	2
66	HK	Lehra	80	3	2	2	1	3	2	1	8	2	2	32k	5	2	3	1,2,7,8,9,18,a	1	1,5,8	2	99	1	41	2	58	16	130/80	152	40	17.30	1	0.9	1	2	2	2
67	MS	Lehra	82	3	1	2	1	1	1	2	8	2	2	45K	5	2,3	3	18,21,a	1	1	2	99	2	0	99	84	15	178/98	157	45	18.30	1	0.95	2	2	2	2
68	JK	Lehra	70	2	2	2	1	1	1	4	7	1	2	50K	5	2	3	1,2,5,18,a	1	5,6	2	99	1	50	4	70	10	160/90	158	72.7	29.00	4	0.99	1	2	2	2
69	BS	Lehra	75	2	1	2	1	4	2	2	8	2	2	45K	5	2	3	1,2,3,13,18	1	3,4	2	99	2	0	99	68	17	150/80	179	75	23.70	3	0.9	2	2	2	2
70	BS	Lehra	66	1	1	2	1	1	1	2	8	2	2	55K	5	2	3	3,13,14,15	2	9	2	99	1	0	99	76	12	168/98	163	70	25.70	4	0.97	2	2	2	2
71	BS	Lehra	76	2	1	2	2	1	1	1	1	1	2	50K	5	2	3	a	2	1,4	2	99	2	0	99	80	13	165/76	165	63	23.10	3	0.97	1	2	2	2
72	GS	Lehra	64	1	1	2	1	1	1	4	7	1	2	35K	5	1,2	3	2,5,23	1	99	2	99	2	0	99	71	11	118/74	172	65	22.00	2	0.97	1	2	2	2
73	BS	Lehra	65	1	1	2	1	1	1	3	1	1	2	60K	5	2,3	3	13	2	9	1	2	2	0	99	84	14	166/92	169	65	22.80	2	0.97	1	2	2	2
74	GS	Lehra	62	1	1	2	3	1	1	1	4	1	2	10k	2	2,3	2	9,14	2	99	1	1,2	2	0	99	79	12	164/70	165	71	26.10	4	0.97	1	2	2	2
75	MK	Lehra	70	2	2	2	3	1	1	4	7	1	1	4k	1	2,3	1	2,5,7,18	1	9	2	99	2	50	4	70	15	178/100	159	64	25.00	4	0.96	1	2	2	2
76	MK	Lehra	65	1	2	2	2	3	2	1	7	1	2	26k	4	2,3	2	5,14	1	1	2	99	1	45	3	89	14	180/100	162	66.6	25.50	4	1.05	2	2	2	2
77	DS	Lehra	68	1	1	2	2	1	1	2	4	1	2	30k	4	2,3	3	1,2,18	1	1,5,6	2	99	1	0	99	79	12	158/90	158	75	30.00	4	0.92	1	2	2	2
78	HS	Lehra	65	1	1	2	1	1	1	1	1	1	2	28k	4	2,3	3	2,5,18	1	1	2	99	2	0	99	84	12	116/80	175	65	21.20	2	1	1	2	2	2
79	NS	Lehra	85	3	2	1	1	6	2	4	8	2	2	55k	5	2	3	2,5	1	1	2	99	1	48	3	64	9	114/74	135	40	21.90	2	1.01	1	2	2	2
80	PS	Lehra	68	1	1	2	2	1	1	1	4	1	1	30k	4	2,3	3	20,a	1	1	1	2	1	0	99	78	80	140/86	170	69	24.00	3	0.93	2	2	2	2
81	BS	Lehra	60	1	1	2	1	1	1	2	1	1	2	55K	5	2	3	1,2,3,13,18,a	1	5,6	2	99	2	0	99	80	11	142/82	175	92	30.00	4	1	2	2	2	2
82	GS	Gopalpur	80	3	1	2	1	1	1	2	8	2	2	60K	5	2,3	4	1,2,3,4,9,18,a	1	5,6	2	99	2	0	99	59	12	148/78	180	78	24.10	3	0.97	1	2	2	2
83	NK	Gopalpur	85	3	2	2	3	3	2	4	8	2	2	3k	1	2,3	2	1,2,5,7,12,13,18,a	1	1	2	99	1	49	3	62	18	142/88	155	48	20.00	2	0.82	1	2	2	2
84	MK	Gopalpur	71	2	2	2	2	3	2	4	7	1	2	15k	3	2,3	2	16,17	2	99	2	99	2	42	2	64	12	152/86	156	64.7	26.60	4	1.09	2	2	2	2
85	SK	Gopalpur	60	1	2	2	3	1	1	4	7	1	2	30k	4	2,3	2	1,2,3,5	1	99	2	99	1	47	3	61	10	160/100	161.5	73.3	28.30	4	1.12	1	2	2	2
86	DK	Gopalpur	65	1	2	2	2	1	1	4	7	1	2	8k	2	3	2	14	2	99	2	99	2	45	3	78	12	128/82	152	51	22.10	2	0.96	1	2	2	2
87	DS	Gopalpur	74	2	1	2	2	1	1	2	2	1	2	40K	5	1,3	3	1,2,7,8,9,18	1	1	2	99	2	0	99	70	15	140/88	167.6	58	20.60	2	0.93	2	2	2	2
88	BK	Gopalpur	60	1	2	2	3	3	2	4	7	1	2	8k	2	2,3	2	4,5	1	8	2	99	1	46	3	60	22	130/86	172	52	17.60	1	0.8	1	2	2	2
89	RK	Gopalpur	75	2	2	2	3	1	1	4	7	1	2	25k	4	1,2	2	5,18,20,a	1	9	2	99	2	38	1	78	22	110/70	150	63	28.30	4	1.09	1	2	2	2
90	GK	Gopalpur	75	2	2	2	1	3	2	4	7	1	2	35K	5	2,3	3	2,4,5,18	1	8	2	99	2	37	1	82	23	140/86	155	61.2	25.50	4	0.94	1	2	2	2
91	HS	Gopalpur	60	1	1	2	1	1	1	1	2	1	2	22k	4	2,3	3	14	2	1	1	2	2	0	99	75	12	128/70	167	62	22.20	2	94/96	1	2	2	2
92	HK	Gopalpur	63	1	2	2	1	1	1	1	7	1	2	48K	5	2	3	14	2	8	2	99	2	48	3	78	14	168/94	169	100	35.00	4	0.99	2	2	2	2
93	KS	Gopalpur	67	1	1	2	1	1	1	4	1	1	2	26k	4	2,3	3	1,2,3,5	1	1,5,6	2	99	2	0	99	90	14	156/92	170	89.5	31.00	4	1.04	1	2	2	2
94	NS	Gopalpur	65	1	1	2	3	2	2	1	4	1	1	5k	1	1	1	5,18,23	1	99	1	1,2	2	0	99	80	12	118/80	175	57	18.60	2	0.94	1	1	1	1
95	GK	Gopalpur	86	3	2	2	2	3	2	1	8	2	2	30k	4	2,3	3	12	2	99	2	99	2	45	3	56	10	100/68	147	40	18.50	2	0.96	1	2	2	2
96	BK	Gopalpur	81	3	2	2	3	3	2	4	7	1	1	5k	1	3	1	7,16	2	8	2	99	1	42	2	70	12	156/92	142	36	17.00	1	1	1	2	2	2
97	RK	Gopalpur	70	2	2	3	2	3	2	4	7	1	2	30k	4	2,3	3	2,4	1	1	2	99	2	46	3	77	12	148/90	156	90	37.00	4	1.17	1	2	2	2
98	NS	Gopalpur	67	1	1	2	2	1	1	2	2	1	1	30K	5	1	3	2,3,4,12,13,18,a	1	8	1	2	2	0	99	104	12	168/92	172	57	19.30	2	0.95	2	2	2	2
99	SK	Gopalpur	63	1	2	2	1	1	1	2	7	1	2	50K	5	2,3	3	2,15,18	1	5,6	2	99	1	49	3	85	12	148/80	159	79.5	31.20	4	0.97	1	2	2	2
100	GK	Gopalpur	67	1	2	2	2	1	1	2	7	1	2	25k	4	2,3	3	2,5,a	1	1	2	99	2	47	3	76	12	120/70	163	64	24.10	3	0.94	1	2	2	2
101	JS	Gopalpur	73	2	1	1	3	1	1	4	8	2	2	12k	3	2	2	3,14,18	1	99	2	99	2	0	99	80	12	158/94	182	78.1	23.50	3	1.05	1	2	2	2
102	BS	Gopalpur	87	3	1	2	2	4	2	1	2	1	2	30k	4	2	3	13	2	1	2	99	2	0	99	76	12	128/90	NA	NA	NA	NA	NA	2	2	2	2
103	RK	Gopalpur	65	1	2	2	1	1	1	1	7	1	2	40K	5	2,3	3	a	2	8	2	99	1	48	3	76	12	118/80	145	42	20.00	2	0.94	1	2	2	2

Sr.No	Name Initials	edema	Calories	calorie intake	Mental State	Depression	Depression score	Depression classification	Need to talk	Help in crisis	Comfort by	HOF (now)	Role in family	Anyone depends on	Domestic responsibility	Leisure Time	Physical support	Economic support	Likes to stay	Children visits	Relative visits	Neighbour visits	Gatherings	Worship place	physically harmed	bad names	yelled	VERBAL ABUSE	money/assets against will	access to own money	FIANANCIAL ABUSE	keeps starving	keeps aloof
49	SS	2	2156	2	1	2	3	99	1	1,4,5	1,5	1	2	2	1	1	1,2	1	1	2	2	2	2	2	2	1	1	2	1	2	2	2
50	SK	1	1909	2	1	1	5	1	1,2	1,2	1,2	1	1	1	1	1	1,2	1,2	1,2	1	1	1	1	1	2	2	2	2	2	1	2	2	2
51	GK	2	1714	2	1	2	4	99	1,2	1,2	1,2	1	1	2	1	2	1,2	1,2	1,2	2	2	2	2	3	2	2	1	1	2	1	2	2	2
52	HK	1	1423	2	2	2	1	99	1,2	1,2	1,2	1	1	1	1	1	1,2	1,2	1,2	1	1	1	1	3	2	2	2	2	2	1	2	2	2
53	HS	2	1786	2	1	2	2	99	1,2	1,2	1,2	1	1	2	1	1	1,2	1,2	1,2	1	1	2	2	2	2	2	2	2	1	1	1	2	2
54	HS	2	1837	3	1	2	4	99	2,3	2,3	2,3	2	1	1	1	1	2,3	2,3	4	2	2	2	1	1	2	2	2	2	2	1	2	2	2
55	GK	2	974	1	2	1	6	1	2	2	2	2	2	2	2	1	2	2	2	2	2	1	2	2	2	2	1	1	2	1	2	2	2
56	GK	2	1456	1	1	1	11	2	5	1,2	5	2	1	2	1	1	1	1	1	2	2	2	2	1	2	2	2	2	2	1	2	2	2
57	KK	2	2111	2	1	2	3	99	1,2	1,2	1,2	1	1	2	1	2	1,2	1,2	1,2	2	2	2	2	3	2	2	1	1	2	1	2	2	2
58	DS	2	1695	3	1	2	4	99	1,2	1,2	1,2	1	1	1	1	1	1,2	1,2	1,2	1	1	1	1	1	2	1	1	1	2	1	2	2	2
59	TK	2	1230	2	3	1	9	2	2	2	2	2	2	2	2	1	2	2	2	1	1	1	3	3	2	2	1	1	2	1	2	2	2
60	SS	1	1922	2	1	1	5	1	1,2,3	1,2	1,2,3	1	1	1	1	1	1,2	1,2	1,2	2	2	2	2	2	2	2	1	1	2	1	2	2	1
61	HK	2	1499	2	1	2	4	99	3,4	3,4,5	1,2,3,4	2	2	2	2	1	2,3,4	2,3,4	3,4	2	2	1	2	2	2	2	1	1	2	1	2	2	2
62	BS	1	2469	2	1	2	4	99	1,2,4,5	1,2,4	1,2,4,5	2	1	2	2	1	1,2,5	1,2	1,2	2	2	2	2	3	2	2	2	2	2	1	2	2	2
63	HK	2	1752	2	1	2	3	99	1,2,4	1,2,4	1,2,4	2	1	2	1	2	1,2	1,2	1,2	2	2	1	1	1	2	2	2	2	2	1	2	2	2
64	JS	2	1839	3	1	1	5	1	1,2,5	1,2	1,2	2	1	2	2	1	1,2	1,2	1,2	2	2	2	1	1	2	2	2	2	2	1	2	2	2
65	HS	2	1110	1	2	2	4	99	2,4,5	2,4,5	2,4,5	2	1	2	2	1	2,4,5	2,4,5	2	2	2	1	3	3	2	2	1	1	1	2	1	2	1
66	HK	1	727	1	2	1	6	1	2,3,4	2,3,4	2,3,4,5	2	2	2	2	1	2	2	4	2	2	3	2	2	2	1	1	1	2	1	2	2	1
67	MS	2	1195	1	1	2	1	99	1,2	1,2	1,2	1	1	1	1	1	1,2	1,2	1,2	1	1	1	2	2	2	2	2	2	2	1	2	2	2
68	JK	1	1362	3	1	2	1	99	1,2	1,2	1,2	2	1	2	2	1	1,2	1,2	1,2	2	2	1	2	2	2	2	2	2	2	1	2	2	2
69	BS	1	1195	1	1	2	2	99	2,4,5	2,4,5	2,4,5	1	1	2	2	1	1,2	1,2	1,2	1	1	2	2	3	2	2	2	2	2	1	2	2	2
70	BS	1	2247	2	1	2	2	99	2,4	2	2,4	1	1	1	2	1	2,4	2	2	1	1	2	2	2	2	2	2	2	2	1	2	2	2
71	BS	2	1554	3	1	2	3	99	1,3	1,4,5	1,5	1	1	1	1	2	1	1	1	3	3	3	2	2	2	2	2	2	2	1	2	2	2
72	GS	1	1717	1	2	2	3	99	2,3,5	2	2,3,5	1	1	1	1	1	2	2	2	1	1	1	1	1	2	2	2	2	2	1	2	2	2
73	BS	1	1800	3	1	2	4	99	1,2,3,5	1,2	1,2,3,5	1	1	1	1	2	1,2	1,2	1,2	2	2	2	2	2	2	2	2	2	2	1	2	2	2
74	GS	2	2224	2	2	1	6	1	1,2,4,5	1,2	1,2,3,4,5	1	1	1	1	1	1,2	1,2	1,2,4	2	2	3	2	3	2	2	2	2	2	1	2	2	2
75	MK	2	1400	2	1	1	7	1	1,5	1	1,5	2	1	1	1	1	1	1	1	3	1	2	1	3	2	2	2	2	2	1	2	2	2
76	MK	1	1790	2	1	2	4	99	1,2	1,2	1,2	2	1	1	1	1	1,2	1,2	1,2	1	1	1	1	1	2	2	2	2	2	1	2	2	1
77	DS	2	2328	2	1	1	8	1	5	6	5	1	1	2	1	1	6	5	6	3	1	2	2	2	2	2	2	2	2	1	2	2	2
78	HS	1	1672	1	1	1	6	1	5	6	5	1	1	1	1	1	6	6	6	2	2	2	2	2	2	2	1	1	2	2	1	2	1
79	NS	2	1235	3	2	1	8	1	2,5	2,4,5	2,5	2	2	2	1	2	2,5	2	2	1	1	2	2	3	2	2	2	2	2	1	2	2	2
80	PS	2	2016	2	1	2	4	99	2,3	2,3	2,3	2	1	2	2	1	2,4	2,4	2,4	2	2	1	3	3	2	2	2	2	1	1	1	2	2
81	BS	1	2355	2	1	1	5	1	1,2,3	1,2	1,2,3,4	1	1	1	1	1	1,2	1,2	1,2	1	1	1	1	1	2	2	2	2	2	1	2	2	2
82	GS	2	1305	3	1	1	5	1	1,2,3,5	1,2	1,2,3,5	2	1	2	2	1	2	2	2	2	2	3	2	2	2	2	2	2	2	1	2	2	2
83	NK	2	710	1	2	1	10	2	4	4	4,5	2	2	2	2	1	2	2	4	2	1	3	3	3	1	1	1	1	1	2	1	2	1
84	MK	2	1596	2	2	1	5	1	2,4,5	2,4	2,4,5	2	1	2	1	2	2	2	2	2	2	2	2	1	2	2	2	2	2	1	2	2	2
85	SK	2	1815	2	2	2	4	99	1,2	1,2	1,2	2	1	2	1	2	1,2	1,2	1,2	2	2	2	1	1	2	2	2	2	2	1	2	2	2
86	DK	2	1320	1	2	2	1	99	1,2,3,5	1,2,3,5	1,2,3,5	2	1	1	1	2	2	1,2	1,2	2	2	2	2	2	2	2	2	2	2	1	2	2	2
87	DS	2	1304	1	1	2	2	99	1,5	1,5	1,5	2	1	1	1	2	1	1	1	2	2	2	2	2	2	2	1	1	2	1	2	2	2
88	BK	2	1015	1	2	1	6	1	1,2,3,4,5	1,2,3,4,5	1,2,3,4,5,	2	1	2	1	1	1,2,3,4	1,2,4	1,2,4	1	2	1	1	3	2	2	1	1	2	1	2	2	2
89	RK	2	1505	2	2	2	2	99	1,2,4	1,2,4	1,2,4	2	1	2	1	1	1,2,4	1,2	1,2	1	1	1	1	1	2	2	2	2	1	1	1	2	1
90	GK	1	1457	1	1	2	1	99	2,4	2,4	2,4	1	1	2	1	1	2	2	2	1	1	1	1	1	2	2	2	2	2	1	2	2	1
91	HS	2	1895	3	1	2	4	99	1,2,4	12,4	1,2,4	2	1	1	1	1	1,2,4	1,2,4	1,2,4	1	1	2	2	2	2	2	2	2	2	1	2	2	2
92	HK	2	1960	2	1	2	3	99	1,2	1,2	1,2	1	1	1	1	1	1,2	1,2	1,2	1	1	2	1	1	2	2	2	2	2	1	2	2	2
93	KS	1	2387	2	2	2	4	99	1,3	1,2,4	1,3	1	1	1	1	1	1,2	1,2,4	1,2	1	1	2	2	2	2	2	2	2	2	1	2	2	2
94	NS	1	1560	1	1	2	3	99	2,4	2	2	1	1	2	1	1	2	5	6	3	3	2	2	2	2	2	2	2	2	1	2	2	2
95	GK	2	966	1	2	2	4	99	2,5	2	2,5	2	2	2	2	1	2,4	2,4	2,4	1	1	3	2	3	2	2	1	1	2	1	2	2	2
96	BK	2	805	1	2	1	13	3	2	2,4,5	2,4,5	2	2	2	1	2	6	2	2	2	3	2	2	3	2	2	2	2	1	2	1	2	2
97	RK	2	1546	2	2	2	1	99	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	1	2	2	2
98	NS	2	1695	1	1	2	2	99	1,2,3,4,5	1,2	1,2	1	1	1	1	1	1,2,3	1,2	1,2	2	2	2	2	2	2	2	2	2	2	1	2	2	2
99	SK	2	2310	2	1	2	2	99	1,2,3	1,2,3	1,2,3	2	1	2	1	2	1,2	1,2	1,2	1	1	2	2	2	2	2	2	2	2	1	2	2	2
100	GK	2	1642	2	1	1	10	2	1	1	1,5	2	2	1	1	1	1	1	1	2	2	2	2	3	1	1	1	1	1	2	1	2	2
101	JS	2	2013	2	1	2	3	99	2,3	2	2,3	2	1	1	2	1	2	2	2	2	2	2	2	2	2	2	2	2	2	1	2	2	2
102	BS	2	1001	1	1	1	6	1	5	2,4,5	5	2	1	1	1	1	2	2	2	3	3	3	2	3	2	2	1	1	1	2	1	2	1
103	RK	2	1556	3	1	2	3	99	1,2	1,2	1,2	2	1	1	1	1	1,2	1,2	1,2	2	2	2	2	2	2	2	2	2	2	1	2	2	2

Sr.No	Name Initials	Pref for Tt	Health facility availed when sick	Why not government facility	Distance	Transport	Time	Accompanying person	Routine Med	Adherence to med	Irregular due to	Self medication	Medical expenditure per month	expenditure borne by	Awareness of health insurace	if yes	enrolled	scheme	MEMBERS INCLUDED	yearly payment	benefits availed	availed why	why not enrolled	quality of life
49	SS	3	1,3	99	99	1	1	1	1	1	99	1	1	2	1	1	2	99	99	99	99	99	9	2
50	SK	1,2,3,4	1,2,3,5	99	1	1	1	3	1	1	99	1	2	1	2	99	2	99	99	99	99	99	1	2
51	GK	3	2,5	3,10	5	1	5	1	1	2	3	1	4	2	2	99	2	99	99	99	99	99	1	2
52	HK	3	2	3,10	1	1	1	1	1	1	99	1	4	2	2	99	2	99	99	99	99	99	1	1
53	HS	3,4	2,5	5	2	1	2	1	1	2	3	1	1	2	2	99	2	99	99	99	99	99	1	1
54	HS	1,2,3,4	1,3,4,5	99	1,2	1	1,2	3	2	99	99	1	1	1	1	2	2	99	99	99	99	99	2,3	3
55	GK	1,3	1,2,5	99	1	1	1	1	1	1	99	1	1	2	2	99	2	99	99	99	99	99	1	2
56	GK	2,3	2	3	1,4	1	1,4	1	1	2	3	1	2	1,2	1	2	2	99	99	99	99	99	6	3
57	KK	3	2,5	3,10	1,4	1	1,4	1	1	1	99	1	4	2	2	99	2	99	99	99	99	99	1	1
58	DS	1,3	2,5	3	1	1	1	3	2	99	99	1	1	1	2	99	2	99	99	99	99	99	1	3
59	TK	3	1,2,5	99	1,4	1	1,4	1	1	2	3	1	2	2	2	99	2	99	99	99	99	99	1	2
60	SS	3	2,5	11	1,4	1	1,4	1	1	2	5	1	3	2	1	1	2	99	99	99	99	99	9	2
61	HK	3,4	1,2,5	99	3,4	1	3,4	1	1	1	99	1	3	2	2	99	2	99	99	99	99	99	1	1
62	BS	1,3	1,5	99	1	1	1	1,2	1	1	99	1	2	1	1	1	1	1	2	2	2	99	99	2
63	HK	1,3	2,5	4	1,4	1	1,4	1	1	2	3	1	1	1,2	1	1,2	1	1	2	3	1	2	99	3
64	JS	1,3,4	2	11	4	1	4	1	1	2	6	1	1	1	1	1	1	2	3	4	1	4	99	2
65	HS	2,3	1,2,5	99	2,5	1	2,5	3	1	1	99	1	3	2	2	99	2	99	99	99	99	99	1	3
66	HK	2,3,4	1,2,5	99	1	1	1	1	1	2	2,3	1	1	1,2	2	99	2	99	99	99	99	99	1	3
67	MS	1,3	1,2	99	2	1	1	1	1	2	3	1	1	2	1	1	1	1	2	1	1	2	99	2
68	JK	3	1,2	99	3,4	1	3,4	1	1	2	2	1	4	2	2	99	2	99	99	99	99	99	1	2
69	BS	3	2	9	3	1	3	2	1	1	99	1	3	2	2	99	2	99	99	99	99	99	1	2
70	BS	3	1,2,3,4	99	3,5	1	3,4	1	2	99	99	1	1	2	2	99	2	99	99	99	99	99	1	1
71	BS	3	1,3,5	99	2,5	1	2,5	3	1	2	3	1	1	1	1	1	2	99	99	99	99	99	8	1
72	GS	1,2,3,4	1,2,3	99	3	1	3	3	1	2	3	1	2	2	2	99	2	99	99	99	99	99	1	1
73	BS	1,3	2,5	9	3	1	3	3	2	99	99	1	1	1	1	2	2	99	99	99	99	99	2	2
74	GS	1,3	1,3,5	99	2	1	2	3	2	99	99	1	1	1	2	99	2	99	99	99	99	99	1	2
75	MK	1,3	1,3,4	99	3	1	3	1	1	2	1	1	1	1	2	99	2	99	99	99	99	99	1	3
76	MK	1,2,3,4	1,3,4,5	99	1,2	1	1,2	1,2	1	2	3,4,5	1	1	2	2	99	2	99	99	99	99	99	1	3
77	DS	1,2,3,4	1,2,3,4,5	99	1,2	1	1,2	3	1	1	99	1	1	1	1	1	2	99	99	99	99	99	6	3
78	HS	2,3	2,3,4	3	2	1	2	3	1	2	2	1	1	1	1	1	1	1	2	2	2	99	99	2
79	NS	2,3	1,5	99	2,3	1	2,3	1	2	99	99	1	1	2	1	1	2	99	99	99	99	99	2	3
80	PS	3	1,5	99	2,4	1	2,4	1	1	2	3	1	2	1,2	2	99	2	99	99	99	99	99	1	2
81	BS	3	2,5	3	5	1	5	1	1	1	99	1	5	2	1	1	2	99	99	99	99	99	6	2
82	GS	3	2,3	3	5	1	5	1	1	2	2	1	4	1	1	1	1	3	2	4	1	2	99	2
83	NK	1,3,5	1,2,5	99	1	1	1	1	1	2	1,3,4	1	1	2	2	99	2	99	99	99	99	99	1	3
84	MK	1,3	3,5	4	1	1	1	1	2	99	99	1	1	1	1	1	1	1	2	3	2	99	99	1
85	SK	3	2	9	2,4	1	2,3	1	1	1	99	1	3	2	1	1	1	1	2	6	2	99	99	2
86	DK	1,3	2,5	5	2	1	2	1	2	99	99	1	1	1,2	2	99	2	99	99	99	99	99	1	3
87	DS	3	1,2,5	99	2,4	1	2,4	3	1	2	2	1	1	1	1	1	1	1	2	4	2	99	99	2
88	BK	3,4	1,3,5	99	5	1	5	3	1	2	3	1	1	2	1	1	1	1	2	6	2	99	99	3
89	RK	1	1,3,5	99	1	1	2	3	2	99	99	1	1	2	2	99	2	99	99	99	99	99	1	3
90	GK	2,3	2,3	4	4	1	4	1	1	2	3	1	1	1	1	1	2	99	99	99	99	99	2	1
91	HS	1,2	2,3	9	4	1	4	1	1	1	99	1	1	1	1	1	1	1	2	1	1	2	99	2
92	HK	3	1	99	3,5	1	3,5	1	1	2	5	1	4	2	2	99	2	99	99	99	99	99	1	1
93	KS	3	2	3	4	1	4	3	1	2	3	1	3	1	2	99	2	99	99	99	99	99	1	2
94	NS	3	1,2	99	1,4	1	1,4	3	2	99	99	1	1	1	1	1	2	99	99	99	99	99	10	3
95	GK	3	1,3,5	99	1,5	1	1,5	1	2	99	99	1	1	2	2	99	2	99	99	99	99	99	1	2
96	BK	1,3	1,2,3,4,5	99	1,5	1	1,5	1,2	1	2	1,3	1	1	1	2	99	2	99	99	99	99	99	1	4
97	RK	3	1,2,5	99	1	1	1	1	1	2	3	1	1	2	2	99	2	99	99	99	99	99	1	3
98	NS	1,3	2,3,5	11	2,5	1	2,5	3	1	2	3	1	2	2	1	2	1	2	1	4	2	99	99	1
99	SK	3	2	3	3,4	1	3,4	1	1	1	99	1	3	2	1	1	2	99	99	99	99	99	7	3
100	GK	2,3	1,2,5	99	4	1	4	3	1	2	5	1	1	1	1	1	1	1	2	2	2	99	99	2
101	JS	1,3	1,2,5	99	1,3	1	1,3	1	1	2	4	1	1	2	2	99	2	99	99	99	99	99	1	2
102	BS	3	1,2,5	99	3	1	3	3	2	99	99	1	1	1	2	99	2	99	99	99	99	99	1	3
103	RK	3	2,3	5	1,3	1	1,3	1	2	99	99	1	1	2	2	99	2	99	99	99	99	99	1	2

Sr.No	Name Initials	Village	Age	Age group	Gender	Religion	Caste	Marital Status	liv/Nliv with spouse	Edu(self)	Occ	Occ(working/not working)	Family type	INCOME	Total Inc	livelihood	SES	Med Conditions	chronic conditon present/absent	Past His	Addictions	if yes	Sleep	Menopause	Menopause	Pulse	RR	BP	Height	weight	BMI	BMI CLASSIFICATION	WHR	Pallor	Cyn	ict	clubb
104	GK	Gopalpur	76	2	2	2	1	3	2	4	7	1	2	35K	5	2,3	3	2,3,16,18	1	1	2	99	2	50	4	62	11	156/90	160	60	23.40	3	0.95	2	2	2	2
105	MK	Gopalpur	80	3	2	2	3	3	2	4	8	2	1	6k	2	1,3	2	1,2,4,7,13	1	5	2	99	1	50	4	88	14	128/78	165	62.9	23.00	3	0.99	1	2	2	2
106	SK	Gopalpur	78	2	2	2	1	1	1	4	7	1	2	22k	4	2,3	3	1,2,5	1	1	2	99	2	50	4	74	13	148/88	151	52	22.40	2	1.04	1	2	2	2
107	NS	Gopalpur	61	1	1	2	2	1	1	2	2	1	2	25k	4	2,3	3	1,2,5,13,18	1	5	2	99	2	0	99	80	14	162/92	165	78.8	28.90	4	0.96	1	2	2	2
108	GK	Gopalpur	61	1	2	2	2	3	2	4	7	1	2	30k	4	2,3	3	2,5,9,13	1	3	2	99	1	39	1	72	12	140/80	157	52	21.10	2	0.97	1	2	2	2
109	MK	Gopalpur	62	1	2	2	1	1	1	1	7	1	2	45K	5	2,3	3	4,7,13,18	1	1,2,5,6	2	99	2	45	3	76	11	148/100	158	63	25.20	4	0.97	1	2	2	2
110	JS	S Majra	65	1	1	2	1	1	1	1	1	1	2	45K	5	2,3	3	1,2,3,5,7	1	99	1	2	2	0	99	71	14	180/100	166	73	26.50	4	0.94	2	2	2	2
111	KS	S Majra	65	1	1	2	1	1	1	2	2	1	2	34K	5	2,3	3	2,5,18,19	1	8	1	2	2	0	99	80	12	146/92	170	68.8	23.50	3	0.97	1	2	2	2
112	GK	S Majra	72	2	2	2	3	3	2	4	7	1	2	15k	3	1,2	2	2,9,14,16,18,a	1	99	2	99	1	42	2	76	12	160/88	151	40	17.50	1	0.95	1	2	2	2
113	S	S Majra	68	1	2	3	2	3	2	4	7	1	2	30k	4	2	3	2,18,23	1	1	2	99	2	49	3	92	14	168/100	167	63	22.60	2	0.96	1	2	2	2
114	MK	S Majra	75	2	2	2	3	1	1	4	7	1	2	10k	2	2,3	2	2,5,13,18	1	1	2	99	2	50	4	82	19	120/60	163	66.1	24.90	3	1.1	1	2	2	2
115	KS	S Majra	70	2	1	4	2	1	1	2	7	1	2	10k	2	2,3	2	14	2	8	1	2	2	0	99	64	18	110/70	148	47.6	21.70	2	0.9	1	2	2	2
116	DS	S Majra	72	2	1	2	1	1	1	2	8	2	2	38K	5	2,3	3	2,9,13	1	1	2	99	2	0	99	79	18	152/84	179	65	20.30	2	0.91	2	2	2	2
117	NK	S Majra	73	2	1	3	2	1	1	2	8	2	2	10k	2	1,2	2	2,5,13	1	99	2	99	2	0	99	79	22	130/84	173	52	17.40	1	0.95	1	2	2	2
118	MS	S Majra	65	1	1	2	1	1	1	3	2	1	2	37K	5	1,2	3	14,19,20	1	8	1	2	2	0	99	76	13	128/70	160	49.8	19.50	2	0.95	2	2	2	2
119	DS	S Majra	65	1	1	2	1	1	1	1	1	1	2	50K	5	2	3	7,14	2	99	1	2	2	0	99	78	20	156/84	180	80	24.70	3	1.02	2	2	2	2
120	JK	S Majra	62	1	2	2	3	1	1	4	7	1	2	32K	5	2	2	1,2,18	1	99	2	99	2	50	4	52	18	160/100	161	72	27.10	4	1.03	1	2	2	2
121	TS	S Majra	61	1	1	2	1	2	2	1	1	1	2	10k	2	2	3	1,2,18	1	8	1	3	2	0	99	80	14	150/90	174	60	19.80	2	0.96	2	2	2	2
122	MS	S Majra	75	2	1	2	1	1	1	2	1	1	2	50K	5	2,3	3	2,4,5,13	1	1	2	99	1	0	99	76	14	156/82	187	67	19.20	2	0.95	2	2	2	2
123	JS	S Majra	65	1	1	2	1	1	1	2	8	2	2	60K	5	2	3	2,3,5,15	1	8	1	2	2	0	99	74	13	138/90	187	88	25.20	4	0.94	2	2	2	2
124	JS	S Majra	62	1	1	2	1	1	1	1	8	2	2	40K	5	2,3	3	3,18,23	1	1	2	99	2	0	99	79	13	140/68	172	70	23.70	3	1.01	1	2	2	2
125	BS	S Majra	65	1	1	2	1	1	1	2	1	1	2	45K	5	2	3	5,13,14,15	1	1	2	99	1	0	99	86	14	188/82	156	44	18.10	1	1.04	2	2	2	2
126	AK	S Majra	95	3	2	2	3	3	2	4	8	2	2	8k	2	2,3	2	4,5,7,12,16,18	1	99	2	99	1	45	3	58	10	100/60	149	40	18.00	1	0.8	1	2	2	2
127	HK	S Majra	70	2	2	2	1	1	1	2	7	1	2	40K	5	2	3	4,5,18	1	1	2	99	2	42	2	62	10	156/82	158	65	26.00	4	1.08	2	2	2	2
128	SS	S Majra	63	1	1	2	3	1	1	2	8	2	2	30k	4	2,3	2	2,4	1	99	1	2	2	0	99	80	13	140/80	167	65.1	23.30	3	0.97	2	2	2	2
129	BD	S Majra	73	2	1	3	2	4	2	1	8	2	2	8k	2	2	2	2,5,14	1	99	2	99	2	0	99	81	11	150/86	178	72	22.70	2	0.98	1	2	2	2
130	GK	S Majra	62	1	2	2	3	1	1	4	7	1	2	25k	4	2,3	2	2,3,5,13,18	1	2	2	99	2	38	1	63	13	130/80	160	58	22.70	2	1.05	1	2	2	2
131	GK	S Majra	90	3	2	2	2	3	2	4	8	2	2	10k	2	2,3	2	2,4,5,7,9,12,13,14,18	1	1	2	99	1	50	4	57	16	130/78	155	40	17.80	1	0.8	1	2	2	2
132	HS	S Majra	80	3	1	2	2	4	2	4	8	2	2	50K	5	2	3	14	2	1	1	2	1	0	99	83	12	146/86	182	62	18.70	2	0.97	2	2	2	2
133	SK	S Majra	72	2	2	2	3	3	2	4	7	1	2	7k	2	2,3	2	2,4,5,18,a	1	1	2	99	1	44	2	64	11	160/80	147	54.4	25.20	4	1.07	1	2	2	2
134	KS	S Majra	62	1	1	2	2	1	1	4	4	1	2	10k	2	2,3	2	3,4,5	1	1	2	99	1	0	99	70	12	138/78	166	60	21.80	2	0.97	1	2	2	2
135	SS	Khera	64	1	1	2	2	1	1	2	2	1	2	30K	5	2,3	3	1,2,58	1	99	2	99	2	0	99	79	12	178/76	172	80	27.00	4	1.04	1	2	2	2
136	CS	Khera	66	1	1	2	2	1	1	2	3	1	2	22k	4	2,3	2	2,3,5,13,18	1	99	1	2	2	0	99	88	12	158/90	166	63.8	22.90	2	0.94	2	2	2	2
137	KK	Khera	69	1	1	2	1	1	1	2	8	2	2	40K	5	2,3	3	3,5,18	1	99	2	99	2	0	99	75	13	166/88	174	75	24.80	3	1.02	2	2	2	2
138	BK	Khera	68	1	2	2	2	1	1	4	7	1	2	35K	5	2,3	3	3,7	1	2	2	99	2	46	3	90	15	184/94	157	60.2	24.40	3	0.99	2	2	2	2
139	SK	Khera	74	2	2	2	3	3	2	4	7	1	2	18k	3	2,3	2	2,4	1	1	2	99	2	45	3	79	12	138/78	140	47	24.00	3	0.98	1	2	2	2
140	SK	Khera	70	2	2	2	3	3	2	4	7	1	2	20k	3	2,3	2	2,5,14	1	9	2	99	2	45	3	88	12	178/98	158	55	22.00	2	0.96	1	2	2	2
141	GS	Khera	70	2	1	2	2	1	1	2	1	1	2	30K	5	2	3	2,3,4,5,9,18	1	99	1	2	2	0	99	63	12	150/90	175	75.2	24.60	3	1.02	2	2	2	2
142	GK	Khera	63	1	2	2	1	1	1	2	7	1	2	55K	5	2,3	3	1,2,3,5	1	1,2,4,5,6,8	2	99	2	35	1	76	13	150/80	165	77	28.30	4	1.02	2	2	2	2
143	AK	Khera	65	1	2	2	1	1	1	4	7	1	2	30K	5	2	3	14	2	99	2	99	2	48	3	89	12	130/70	163	63.6	23.90	3	1.09	1	2	2	2
144	TK	Khera	73	2	2	2	3	3	2	4	7	1	2	20k	3	2,3	2	4,5,18,23	1	1,2	2	99	2	51	4	70	11	128/72	160	73	28.50	4	0.93	1	2	2	2
145	kk	Khera	80	3	2	2	2	1	1	4	8	2	2	22k	4	2,3	2	2,19,21	1	1	2	99	1	52	4	68	11	150/86	152	55	23.80	3	0.87	1	2	2	2
146	SS	Khera	80	3	1	2	2	4	2	4	8	2	2	25k	4	2,3	2	9,14	2	1	2	99	2	0	99	64	12	112/80	164	59	21.70	2	0.97	1	2	2	2
147	JS	Khera	65	1	1	2	2	1	1	4	4	1	2	25k	4	2,3	2	1,5,6,18	1	8	2	99	2	0	99	68	12	148/78	173	74	24.70	3	0.98	1	2	2	2
148	KK	Khera	76	2	2	2	3	1	1	4	7	1	2	7k	2	2,3	1	2,5,21	1	99	2	99	2	50	4	76	11	132/88	145	40	19.00	2	0.98	1	2	2	2
149	P	Khera	80	3	2	2	2	3	2	4	8	2	2	30k	4	2,3	2	12,18	2	99	2	99	2	49	3	70	12	138/76	142	37	18.30	1	1	1	2	2	2
150	NK	Khera	83	3	2	2	1	3	2	4	7	1	1	45K	5	2	3	5,11,12,13,18	1	1	2	99	2	50	4	66	12	156/94	173.7	85	28.40	4	1.03	1	2	2	2
151	MS	Khera	83	3	1	2	2	4	2	1	8	2	2	28k	4	2,3	2	1,2,3,4,12,18	1	1	1	2	2	0	99	68	11	170/84	179	70	21.80	2	0.97	2	2	2	2
152	KS	Khera	65	1	1	3	1	1	1	4	8	2	2	6-7K	2	2,3	2	2,3,10,13	1	8	1	1,2	1	0	99	86	16	156/90	168	50	17.00	1	0.97	1	2	2	1
153	S	Khera	60	1	2	1	3	1	1	4	7	1	2	10k	2	2,3	2	13,19	2	99	2	99	1	45	3	88	13	112/78	155	45	18.70	2	0.94	1	2	2	2
154	SK	Khera	78	2	2	2	3	3	2	4	7	1	2	28k	4	2,3	2	12,16,20	1	1	2	99	1	50	4	68	16	128/78	152	55	23.80	3	0.94	1	2	2	2
155	NK	Khera	71	2	2	2	2	3	2	4	7	1	2	30K	5	2,3	2	16	2	99	2	99	1	47	3	94	15	148/90	154	45	19.00	2	0.91	1	2	2	2
156	JK	Khera	85	3	2	2	1	3	2	1	7	1	1	40K	5	2	3	1,2,5,14	1	1	2	99	2	40	2	68	12	180/104	143	47.7	23.30	3	1	1	2	2	2
157	HK	Khera	64	1	2	2	1	1	1	2	7	1	1	30k	4	3	3	14	2	99	2	99	2	45	3	69	12	154/86	150	51	22.70	2	0.84	2	2	2	2
158	AN	Khera	78	2	1	2	3	1	1	4	7	1	1	21k	4	1,3	2	4,10,17	1	1	1	1,5	2	0	99	70	10	146/60	152	44	19.00	2	1.04	1	2	2	2
159	MK	Khera	75	2	2	2	2	1	1	4	7	1	2	8k	2	2,3	2	2,4,5,12,18	1	1,2	2	99	2	49	3	65	11	168/92	150	40	17.80	1	0.93	1	2	2	2

Sr.No	Name Initials	edema	Calories	calorie intake	Mental State	Depression	Depression score	Depression classification	Need to talk	Help in crisis	Comfort by	HOF (now)	Role in family	Anyone depends on	Domestic responsibility	Leisure Time	Physical support	Economic support	Likes to stay	Children visits	Relative visits	Neighbour visits	Gatherings	Worship place	physically harmed	bad names	yelled	VERBAL ABUSE	money/assets against will	access to own money	FIANANCIAL ABUSE	keeps starving	keeps aloof
104	GK	2	1235	3	2	2	3	99	1,2	1,2	1,2	2	1	2	1	2	2	2	2	2	2	2	2	2	2	2	2	2	1	2	2	2
105	MK	1	1121	3	2	2	4	99	2	2	2	1	1	2	1	2	2	2	2	1	2	2	2	2	2	2	2	2	1	2	2	2
106	SK	2	1241	3	2	2	4	99	1,2	1,2	1,2	2	1	1	1	1	1,2	1,2	1,2	1	3	2	2	2	2	2	2	2	2	1	2	2	2
107	NS	2	2143	2	1	1	13	3	1,5	1	1,5	2	2	2	2	2	1	1	1	1	1	1	2	1	2	1	1	1	1	2	1	1	2
108	GK	2	1720	2	2	2	4	99	1,2	1,2	1,2	2	1	2	2	1	1,2	1,2	1,2	2	2	2	2	3	2	2	1	1	2	1	2	2	2
109	MK	2	1689	2	2	1	5	1	2	1,5	2,5	2	1	2	1	2	1,2,4	1,2	1,2	2	2	2	2	2	2	2	2	2	2	1	2	2	1
110	JS	2	2254	2	1	1	5	1	1,2,3,4	1,2	1,2,4	1	1	1	1	1	1,2,3	1,2	1,2	1	1	3	2	3	2	2	2	2	2	1	2	2	2
111	KS	2	2001	2	1	1	5	1	1,2	1,2	1,2	1	1	1	1	2	1,2	1,2	1,2	1	1	1	1	1	2	2	2	2	2	1	2	2	2
112	GK	2	902	1	2	1	9	2	2	2,5	2,5	2	1	1	1	2	2	2	2	1	1	2	2	2	2	2	2	2	2	1	2	2	2
113	S	2	1550	3	1	2	4	99	2	2,5	2,5	1	1	1	1	1	2	2	2	1	1	1	2	2	2	2	2	2	2	1	2	2	2
114	MK	2	1328	3	2	2	4	99	1,2,4	1,2,4	1,2,4	1	1	2	2	2	1,2	1,2	1,2	1	1	1	1	1	2	2	2	2	2	1	2	2	2
115	KS	2	1324	3	1	2	2	99	1,2	1,2	1,2	1	1	2	1	1	1,2	1,2	1,2	2	2	2	2	3	2	2	1	1	2	1	2	2	2
116	DS	2	1633	3	1	2	1	99	1,2	1,2	1,2	1	1	2	1	1	1,2	1,2	1,2	2	1	2	1	1	2	2	1	1	2	1	2	2	1
117	NK	2	1015	1	1	2	4	99	1,2,3,4	1,2	1,2,3,4	1	1	2	1	1	1,2	1,2	1,2	2	1	1	1	3	2	2	1	1	2	1	2	2	1
118	MS	2	1790	3	1	2	3	99	1,3	1	1,3	1	1	1	1	2	1,2	1,2	1,2	1	2	3	1	1	2	2	2	2	2	1	2	2	2
119	DS	1	1633	1	2	1	5	1	2	2	2	2	1	2	1	1	1,2	1,2	2	1	1	2	1	2	2	2	1	1	2	1	2	2	2
120	JK	1	1802	2	1	2	1	99	2,5	2,5	2,5	2	1	1	1	1	2,5	2,5	2	1	2	1	1	2	2	1	1	1	2	1	2	2	2
121	TS	2	1819	3	1	1	5	1	3,4	3,4	3,4	2	2	2	2	2	4	4	4	2	2	2	2	2	2	2	1	1	2	1	2	2	2
122	MS	1	1463	1	1	1	8	1	1	1	1	2	2	1	2	2	1,2	1,2	1,2	3	3	3	2	3	2	2	2	2	1	2	1	2	2
123	JS	2	2175	2	1	2	4	99	1,2	1,2	1,2	1	1	1	1	2	1	1	1	2	2	2	2	2	2	1	1	1	2	1	2	2	1
124	JS	2	2012	2	1	2	3	99	5	2	5	1	1	1	1	1	1,2	1,2	1,2	1	1	1	1	1	2	2	2	2	2	1	2	2	2
125	BS	2	1721	1	1	2	2	99	1,2,3,4	1,2,3,4	1,2,3,4	2	1	1	1	1	1,2	1,2	1,2	1	1	2	2	1	2	2	2	2	2	1	2	2	2
126	AK	1	484	1	2	1	6	1	2	2,5	2,5	2	1	2	2	1	2	2	2	1	2	2	2	3	2	1	1	1	1	2	1	2	2
127	HK	2	1525	2	1	2	3	99	2	2	2	1	1	2	1	1	2	2	2,4	2	2	3	1	1	2	1	1	1	2	1	2	2	2
128	SS	2	1562	1	2	2	4	99	2	2	2	1	1	2	1	1	2	2	2	2	1	1	2	1	2	2	2	2	2	1	2	2	2
129	BD	2	1365	1	1	2	3	99	2,3,4,5	2,3,4	2,3,4	2	2	2	1	1	2,4	2,4	4	1	2	1	1	3	2	1	1	1	1	2	1	2	1
130	GK	2	1402	3	2	1	6	1	1,5	1,2	1,2,3,5	1	1	1	1	2	1,2,4	1,2	1,2	2	1	2	2	2	2	2	2	2	2	1	2	2	2
131	GK	2	864	1	1	1	7	1	2,4	2,4	2,4	2	1	2	2	1	2,4	2,4	2	1	2	3	2	3	2	2	2	2	2	1	2	2	1
132	HS	2	1110	3	2	2	4	99	2,3,4,5	2,3,4,5	2,3,4,5	2	1	2	2	1	2,3,4,5	2,4	2	2	2	1	2	3	2	2	1	1	1	2	1	2	1
133	SK	2	1340	3	2	1	7	1	2,4,5	2,5	2,4,5	2	2	2	2	1	2	2	2,4	2	1	2	2	2	1	2	1	1	1	2	1	2	1
134	KS	2	2149	2	2	1	6	1	1,2	1,2	1,2	1	1	1	1	1	1,2	1,2	1,2	1	1	2	2	2	2	2	2	2	2	1	2	2	2
135	SS	2	2469	2	1	2	3	99	1,2	1,2	1,2	2	1	1	1	2	2	2	2	1	2	3	3	2	2	2	2	2	2	1	2	2	2
136	CS	2	2019	2	2	2	1	99	1,2	1,2	1,2	1	1	1	1	1	1,2	1,2	1,2	2	2	2	2	2	2	2	2	2	2	1	2	2	2
137	KK	1	2213	2	1	2	3	99	1,2	1,2	1,2	2	2	2	1	1	1,2	1,2	1,2	1	1	2	2	1	2	2	2	2	2	1	2	2	2
138	BK	1	1774	2	1	1	5	1	1,2	1,2	1,2	1	1	1	1	1	1,2	1,2	1,2	1	1	1	2	2	2	2	2	2	2	1	2	2	2
139	SK	2	1420	2	2	1	6	1	1,2	1,2	1,2	1	2	2	2	2	1,2	1,2	1,2	2	1	1	2	2	2	2	2	2	2	1	2	2	2
140	SK	2	1400	2	2	1	8	1	1,2,5	1,2,5	1,2,5	1	1	2	1	1	1,2	1,2	1,2	2	2	1	2	2	2	2	2	2	2	1	2	2	2
141	GS	1	1872	2	1	2	1	99	1,2,3,4	1,2,3,4	1,2,3,4	1	1	2	1	1	1,2	1,2	1,2	2	2	2	2	1	2	2	2	2	2	1	2	2	2
142	GK	1	1905	2	2	1	5	1	1,2	1,2	1,2	2	1	2	1	1	1,2	1,2	1,2	2	2	2	2	1	2	2	2	2	2	1	2	2	2
143	AK	2	1600	3	2	2	2	99	1,2	1,2	1,2	1	1	2	1	2	1,2	1,2	1,2	2	2	2	2	2	2	2	2	2	1	1	1	2	2
144	TK	2	1501	3	2	2	4	99	2	2,4,5	2	1	1	2	1	1	2	2	2	2	2	2	2	2	2	2	2	2	2	1	2	2	2
145	kk	2	807	1	3	1	8	1	1,2,3,4	1,2,3,4	1,2,3,4	2	2	2	2	1	1,2	1,2	1,2	2	2	2	2	2	2	2	2	2	2	1	2	2	2
146	SS	2	1123	1	1	1	8	1	1,2	1,2	1,2	2	1	1	1	1	1,2	1,2	1,2	2	2	2	3	2	2	2	2	2	2	1	2	2	2
147	JS	2	2401	2	1	2	3	99	1,2,3	1,2	1,2,4	1	1	1	1	2	1,2	1,2	1,2	1	1	2	2	2	2	2	2	2	2	1	2	2	2
148	KK	2	1250	2	2	2	1	99	1,2	1,2	1,2	2	1	1	1	1	1,2	1,2	1,2	2	2	3	2	2	2	2	2	2	2	1	2	2	2
149	P	2	943	1	2	1	6	1	2,4	2,4	2,4	2	1	2	1	2	2,4	2,4	2	1	1	2	2	2	2	2	2	2	2	1	2	2	2
150	NK	2	1345	2	2	1	6	1	2,4	2,4	2,4	2	2	2	2	1	2	2	2	2	2	2	3	3	2	2	1	1	1	2	1	2	1
151	MS	2	1567	2	1	1	5	1	3	3,4,5	3,5	2	1	2	2	1	2,4	2,4	2,4	2	2	2	2	1	2	2	2	2	2	1	2	2	1
152	KS	1	884	1	2	1	11	2	2,4	2	2,4	2	1	1	2	2	2	2	2	1	1	3	3	3	2	2	2	2	2	1	2	2	2
153	S	2	1401	1	2	2	3	99	2	1,2	2	2	1	1	1	2	1,2	1,2	1,2	1	2	2	1	1	2	2	2	2	2	1	2	2	2
154	SK	2	1224	1	2	1	8	1	2,5	2,5	2,5	2	2	2	1	1	2	2	2	2	2	1	1	1	2	2	1	1	1	2	1	2	2
155	NK	2	1146	1	2	2	2	99	2,3	2,4,5	2,3	2	2	2	1	2	2	2	2	2	2	2	2	1	2	1	1	1	2	1	2	2	2
156	JK	2	1049	3	1	1	6	1	2	2	2	2	1	2	2	1	2	2	2	2	2	1	2	3	2	2	2	2	1	1	1	2	2
157	HK	2	1686	2	1	2	1	99	5	2	5	2	2	2	1	1	1	1	1	2	2	2	2	1	2	1	1	1	1	2	1	2	2
158	AN	2	1722	3	2	1	11	2	5	6	5	2	2	2	2	2	6	6	6	3	2	3	2	2	2	2	2	2	2	1	2	2	1
159	MK	2	1330	2	2	1	7	1	2	2	2	2	1	2	1	1	2,	2	2	2	2	2	2	3	2	1	1	1	2	1	2	2	2

Sr.No	Name Initials	Pref for Tt	Health facility availed when sick	Why not government facility	Distance	Transport	Time	Accompanying person	Routine Med	Adherence to med	Irregular due to	Self medication	Medical expenditure per month	expenditure borne by	Awareness of health insurace	if yes	enrolled	scheme	MEMBERS INCLUDED	yearly payment	benefits availed	availed why	why not enrolled	quality of life
104	GK	3	2	11	5	1	5	1	1	2	3	1	3	2	2	99	2	99	99	99	99	99	1	3
105	MK	1,3,4	1,3,4,5	99	3	1	3	1	1	2	1,5	1	2	2	1	1	2	99	99	99	99	99	6	2
106	SK	3	1,2	99	2,4	1	2,4	1	1	1	99	1	1	2	1	1	2	99	99	99	99	99	6	2
107	NS	3	1,5	99	3,4	1	3,4	2	1	2	6	1	3	1	1	1	1	1	2	6	2	99	99	3
108	GK	3	5	5	1	1	1	3	1	2	5	1	1	2	1	1	1	1	2	6	2	99	99	3
109	MK	3	2	9	3	1	3	1	1	1	99	1	3	2	2	99	2	99	99	99	99	99	1	2
110	JS	3	1,2,5	99	2,4	1	2,4	1	1	2	2	1	1	2	2	99	2	99	99	99	99	99	1	2
111	KS	1,2,3,4	1,3,4,5	99	1,4	1	1,4	1	1	2	3	1	1	1	1	1	2	99	99	99	99	99	2	1
112	GK	1,3,4,5	1,3,5	99	1,4	1	1,4	2	1	2	1,3	1	1	2	2	99	2	99	99	99	99	99	1	2
113	S	3	1,5	99	5	1	5	1	1	1	99	1	1	2	2	99	2	99	99	99	99	99	1	2
114	MK	1,2,3	1,2,3,5	99	1,2	1	1	1,2	1	2	3	1	1	2	1	1	1	1	2	2	2	99	99	2
115	KS	1,3	1,2,3,5	99	4	1	4	3	2	99	99	1	1	1,2	2	99	2	99	99	99	99	99	1	2
116	DS	1,3,4	1	99	1	1	1	3	2	99	99	1	1	1,2	1	1	2	99	99	99	99	99	6	1
117	NK	3,4	1,3,5	99	1	1	2	3	2	99	99	1	1	2	1	1	1	1	2	2	2	99	99	1
118	MS	1,3	1,5	99	2	1	2	3	2	99	99	1	1	2	1	1	2	99	99	99	99	99	9	2
119	DS	1,3,4	1,2,3,5	99	1,2	1	2	3	1	2	2,5	1	1	2	2	99	2	99	99	99	99	99	1	1
120	JK	1,3	1,3,5	99	1	1	2	1,2	1	2	3,4	1	2	2	2	99	2	99	99	99	99	99	1	3
121	TS	3	1,2	99	3	1	3	3	1	1	99	1	2	2	1	1	1	1	2	6	2	99	99	2
122	MS	2,3,4	1,2,4,5	99	4	1	4	1	1	2	2,3	1	4	2	2	99	2	99	99	99	99	99	1	3
123	JS	1,3,4	1,2	99	2	1	1	1	1	2	2,3,5	1	2	2	1	1	2	99	99	99	99	99	9	2
124	JS	1,2,3,4	1,2,3	99	1,2	1	1,2	2	1	2	3,4	1	1	2	1	1	1	3	2	3	1	1	99	2
125	BS	3	1,2,5	99	1,2	1	1,2	3	1	2	3	1	1	1	1	1	1	1	2	2	2	99	99	2
126	AK	1,3,4	1,2,5	99	1,4	1	2	1,2	1	2	1	1	1	2	2	99	2	99	99	99	99	99	1	2
127	HK	1,3,4	2,3,5	9	1	1	2	3	1	2	2	1	2	2	1	1	2	99	99	99	99	99	2	1
128	SS	2,3	1,2,3	99	1	1	4	3	2	99	99	1	1	1,2	1	1	2	99	99	99	99	99	2,3	1
129	BD	3	1,3,5	99	1	1	1	2	1	1	99	1	1	2	1	2	2	99	99	99	99	99	6	3
130	GK	3,4	1,4,5	99	1,3	1	1,3	1	1	2	1,3,5	1	1	2	2	99	2	99	99	99	99	99	1	3
131	GK	1,3	1,2,3,5	99	1	1	2	1	1	2	2,4	1	1	2	2	99	2	99	99	99	99	99	1	2
132	HS	2,3	1,2,5	99	1,4	1	1,4	3	1	1	99	1	2	2	2	99	2	99	99	99	99	99	1	3
133	SK	3	1,2	99	2	1	2	3	1	2	1	1	1	2	1	1	1	1	2	6	2	99	99	3
134	KS	1,2,3,	1,2,3,4,5	99	3	1	3	2	1	2	1	1	1	1	2	99	2	99	99	99	99	99	1	2
135	SS	1,2,3	1,3,5	99	1,5	1	1,5	1	1	2	3	1	1	2	2	99	2	99	99	99	99	99	1	1
136	CS	1,3,4	1,2,5	99	3	1	3	2	1	2	5	1	2	1	2	99	2	99	99	99	99	99	1	2
137	KK	1,3	1,2,5	99	1,5	1	1,5	1	1	2	4	1	3	1	1	1	1	3	2	3	1	1	99	3
138	BK	1,3,4	2,3,5	3	2	1	2	1	1	2	3,5	1	1	2	2	99	2	99	99	99	99	99	1	1
139	SK	3	1,2	99	3	1	3	1	1	2	3	1	1	2	1	1	2	99	99	99	99	99	2	2
140	SK	2,3,4	2,3,4,5	3	2	1	2	1,2	1	2	3	1	1	2	2	99	2	99	99	99	99	99	1	2
141	GS	1,2,3,4	1,3,4,5	99	5	1	5	1	1	1	99	1	1	1	1	1	2	99	99	99	99	99	6	2
142	GK	3	1,2,5	99	1,5	1	1,5	1	1	1	99	1	4	2	1	1	1	3	2	4	1	2	99	3
143	AK	3	1,3,5	99	3,4	1	3,4	1	1	2	4	1	1	2	2	99	2	99	99	99	99	99	1	2
144	TK	3	2	10	1,4	1	1,5	3	2	99	99	1	1	2	1	1	1	1	2	1	1	2	99	2
145	kk	3	1,3,5	99	2	1	2	1	1	2	5	1	1	1	2	99	2	99	99	99	99	99	1	3
146	SS	1,3	1,2,5	99	3,5	1	3,5	1	2	99	99	1	1	1	1	1	1	3	2	3	1	1	99	2
147	JS	3	2	3	5	1	5	1	1	1	99	1	4	1	2	99	2	99	99	99	99	99	1	1
148	KK	1,3	1,3	99	2,4	1	2,4	1	1	1	99	1	1	2	2	99	2	99	99	99	99	99	1	3
149	P	1,3	1,5	99	3,5	1	3,5	1	2	99	99	1	1	2	1	1	1	1	2	6	2	99	99	3
150	NK	3	3,4,5	3	1	1	2	1	2	99	99	2	3	2	2	99	2	99	99	99	99	99	1	3
151	MS	2,3	3,5	4	1,2	1	2	3	1	2	4	1	3	1	2	99	2	99	99	99	99	99	1	2
152	KS	1,3	1,5	99	4	1	4	1	1	2	4	1	3	2	2	99	2	99	99	99	99	99	1	2
153	S	1,3	1,3,4	99	1,2	1	2	1	2	99	99	1	1	1,2	1	1	1	1	2	6	2	99	99	3
154	SK	3	1,3,5	99	1,4	1	2,4	3	2	99	99	1	1	1,2	2	99	2	99	99	99	99	99	1	2
155	NK	1	2,3,5	3	3,4	1	3	1	2	99	99	1	1	1,2	2	99	2	99	99	99	99	99	1	2
156	JK	1,3,4	1,2,3,4,5	99	3	1	2	1	1	1	99	1	5	2	2	99	2	99	99	99	99	99	1	2
157	HK	3	1,2	99	4	1	5	3	2	99	99	1	1	1	1	1	1	1	2	2	1	2	99	3
158	AN	3	1,2,3	99	3	1	3	3	1	1	99	1	2	1	2	99	2	99	99	99	99	99	1	3
159	MK	1	2,5	4	4	1	4,5	3	1	2	3	1	1	1,2	1	1	1	1	2	6	2	99	99	3

Sr.No	Name Initials	Village	Age	Age group	Gender	Religion	Caste	Marital Status	liv/Nliv with spouse	Edu(self)	Occ	Occ(working/not working)	Family type	INCOME	Total Inc	livelihood	SES	Med Conditions	chronic conditon present/absent	Past His	Addictions	if yes	Sleep	Menopause	Menopause	Pulse	RR	BP	Height	weight	BMI	BMI CLASSIFICATION	WHR	Pallor	Cyn	ict	clubb
160	JK	Khera	65	1	2	2	2	3	2	4	4	1	2	15k	3	2	2	1,2,3,7,8,12	1	99	2	99	2	47	3	60	12	138/76	150	62	27.60	4	0.95	1	2	2	2
161	DS	Bhikhi	76	2	1	2	3	1	1	2	8	2	2	26k	4	3	3	1,2,3,5	1	99	2	99	2	0	99	86	13	146/86	173	74	24.50	3	0.97	2	2	2	2
162	GK	Bhikhi	72	2	2	2	1	3	2	4	7	1	1	10k	2	1,2,3	3	2,5	1	99	2	99	2	50	4	64	13	144/88	162	61.3	23.40	3	0.97	1	2	2	2
163	RK	Bhikhi	70	2	2	2	2	1	1	1	7	1	2	30k	4	2,3	3	5,18,20	1	8	2	99	1	50	4	66	11	132/82	164	70	26.00	4	0.94	1	2	2	2
164	JS	Bhikhi	68	1	1	2	3	1	1	4	2	1	2	12k	3	3	2	12,20	1	99	1	2	2	0	99	70	13	156/88	169	80.3	28.10	4	1.06	1	2	2	2
165	HK	Bhikhi	76	2	2	2	3	1	1	4	7	1	2	10k	2	1,2	2	2,18,19	1	1	2	99	1	46	3	72	14	146/96	145	54	25.70	4	1.01	1	2	2	2
166	SS	Bhikhi	66	1	1	2	3	4	2	4	4	1	2	22k	4	2,3	2	2,4	1	99	1	1,2	2	0	99	68	12	140/86	160	51	19.90	2	0.94	2	2	2	2
167	SK	Bhikhi	73	2	2	2	2	1	1	4	7	1	2	25k	4	1,2,3	3	2,4,5,7,12,13,18	1	8	2	99	2	50	4	73	12	158/94	140	46.8	23.90	3	0.94	2	2	2	2
168	GK	Bhikhi	66	1	2	2	2	1	1	4	7	1	1	14k	3	2,3	2	2,4,5	1	2	2	99	2	50	4	84	18	162/98	150	62.2	27.60	4	1.03	1	2	2	2
169	LS	Bhikhi	74	2	1	2	3	1	1	4	7	1	2	12k	3	2,3	2	2,5,12,13,18,a	1	1,4	2	99	2	0	99	60	10	130/90	163	48.3	17.60	1	0.94	1	2	2	2
170	LS	Bhikhi	75	2	1	2	2	1	1	1	7	1	2	10k	2	2,3	2	5,a	2	1	1	2,5	2	0	99	76	9	146/72	167	53	19.00	2	0.95	2	2	2	2
171	SS	Bhikhi	65	1	1	2	1	1	1	2	8	2	1	30k	4	2,3	3	4,18,a	1	8	1	2	1	0	99	70	13	158/92	170	58	20.10	2	0.95	2	2	2	2
172	BK	Bhikhi	68	1	2	2	2	1	1	2	7	1	2	45K	5	2,3	3	2,3,5,9	1	8	2	99	2	51	4	84	13	162/88	157	56	22.70	2	0.92	1	2	2	2
173	MS	Bhikhi	70	2	1	2	3	4	2	1	7	1	2	10k	2	2,3	2	13,14	2	99	2	99	2	0	99	68	12	114/78	168	78	27.70	4	0.99	1	2	2	2
174	GS	Bhikhi	77	2	1	2	2	4	2	2	8	2	2	25k	4	2,3	3	1,5,7,12,13,18,a	1	1	1	5	2	0	99	72	10	148/90	167	70.3	25.20	4	0.99	1	2	2	2
175	ms	Bhikhi	68	1	1	2	1	1	1	2	8	2	2	55K	5	2	3	1,2,5	1	5,6	1	2	2	0	99	68	10	140/82	182	86	26.00	4	1.01	2	2	2	2
176	HK	Bhikhi	62	1	2	2	3	1	1	1	7	1	2	30k	4	2,3	3	19	2	8	2	99	2	40	2	79	12	168/78	157	85	34.50	4	1.06	2	2	2	2
177	NS	Bhikhi	79	2	1	2	2	4	2	2	3	1	1	20k	4	2,3	2	1,20	1	1,6	2	99	1	0	99	78	14	158/98	167	73.1	26.20	4	1.01	2	2	2	2
178	BK	Bhikhi	72	2	2	2	1	1	1	1	7	1	1	35K	5	2	3	1,2,7	1	5,6	2	99	2	52	4	75	13	144/84	167	68.1	24.40	3	1	2	2	2	2
179	KS	Bhikhi	70	2	1	2	2	1	1	3	7	1	2	30k	4	2,3	3	1,9,12	1	5,6	1	2	2	0	99	70	12	168/98	162	54	20.60	2	1.05	2	2	2	2
180	NK	Bhikhi	83	3	2	2	1	1	1	4	7	1	1	22k	4	2	2	1,2,21	1	1,3,5,6	2	99	2	40	2	72	12	112/74	152	44.7	19.00	2	0.87	1	2	2	2
181	DR	Bhikhi	80	3	1	1	1	1	1	2	8	2	2	30K	5	2,3	3	1,12,13,18	1	1	2	99	2	0	99	80	14	130/80	173	52.5	17.50	1	1.06	2	2	2	2
182	SS	Jhammat	78	2	1	2	3	1	1	1	8	2	1	10k	2	2,3	2	2,4,5,17	1	1	2	99	2	0	99	66	12	156/82	167	57	20.00	2	92	1	2	2	2
183	KK	Jhammat	65	1	2	2	1	1	1	1	7	1	2	35k	5	2	3	9,13	2	2,3	2	99	1	45	3	74	12	158/86	150	70.1	31.10	4	1.02	2	2	2	2
184	SK	Jhammat	65	1	2	2	2	1	1	2	7	1	2	35K	5	2,3	3	7,13,14	2	8	2	99	2	48	3	78	14	166/96	160	78	30.50	4	0.99	2	2	2	2
185	RS	Jhammat	66	1	1	2	3	1	1	1	2	1	2	8k	2	2,3	3	2,3	1	99	1	2	2	0	99	76	12	140/70	168	68	24.10	3	0.95	2	2	2	2
186	SK	Jhammat	62	1	2	2	3	1	1	4	7	1	1	15k	3	2,3	2	4,,14,18	1	8	2	99	2	49	3	89	15	128/64	145	39	18.50	2	0.91	1	2	2	2
187	GS	Jhammat	68	1	1	2	1	1	1	1	1	1	2	45K	5	2,3	3	4,5,9,13	1	1,8	1	2	1	0	99	82	13	156/70	159	62	24.50	3	1	1	2	2	2
188	KK	Jhammat	63	1	2	2	3	1	1	4	7	1	2	15k	3	2,3	2	2,4,5,7,18,19	1	8	2	99	1	46	3	82	14	188/118	155	74	30.80	4	0.93	1	2	2	2
189	AK	Jhammat	68	1	2	2	2	1	1	1	7	1	2	20k	3	2	3	1,2,3	1	1	2	99	2	51	4	80	12	150/88	159	48	19.00	2	0.93	2	2	2	2
190	HS	Jhammat	63	1	1	2	1	1	1	2	1	1	2	60K	5	2,3	3	7,9,14,15	2	99	1	2	1	0	99	80	12	136/70	180	59	18.20	1	1	2	2	2	2
191	AK	Jhammat	64	1	2	2	1	1	1	2	7	1	2	32K	5	2,3	3	1,2,3,5,9	1	5,6	2	99	2	52	4	60	10	158/90	147	72.4	33.30	4	1	2	2	2	2
192	MS	Jhammat	66	1	1	2	3	1	1	4	4	1	2	10k	2	2,3	2	2,3,5	1	6	1	2	1	0	99	69	12	118/70	172	52	17.60	1	1	1	2	2	2
193	PK	Jhammat	61	1	2	2	1	1	1	2	7	1	2	30k	4	2,3	3	1,2,4,14,a	1	8	2	99	2	50	4	79	14	128/82	158	54.1	21.70	2	0.96	1	2	2	2
194	MS	Jhammat	62	1	1	2	1	1	1	2	1	1	2	38K	5	2,3	3	2,5,10	1	3	1	2	2	0	99	74	12	166/90	173	75	25.10	4	1.01	2	2	2	2
195	BK	Jhammat	70	2	2	2	2	3	2	4	7	1	2	32K	5	2,3	2	5,13	1	1	2	99	2	48	3	68	11	174/100	153	74	31.60	4	1.01	1	2	2	2
196	JS	Jhammat	65	1	1	2	2	1	1	4	1	1	2	22k	4	2	2	2,18,20	1	8	1	2	2	0	99	88	12	124/84	154	60	26.00	4	0.99	2	2	2	2
197	DK	Jhammat	72	2	2	2	1	3	2	4	7	1	2	40K	5	2	3	2,5,16,18	1	99	2	99	2	40	2	68	14	168/98	160	68	26.60	4	0.98	1	2	2	2
198	MK	Jhammat	70	2	2	2	1	1	1	3	7	1	2	80K	5	2	4	5,21,a	1	1	2	99	2	51	4	70	12	138/86	152	64	27.70	4	0.88	1	2	2	2
199	SK	Jhammat	85	3	2	2	1	3	2	1	8	2	2	60K	5	2	3	2,12,13,18	1	1	2	99	2	45	3	59	10	148/80	145	40	19.00	2	0.98	2	2	2	2
200	KK	Jhammat	70	2	2	2	3	1	1	4	7	1	2	8k	2	2	2	1,2,3,5,7,13,18	1	2	2	99	2	40	2	90	14	180/110	150	54	24.00	3	0.9	2	2	2	2
201	GS	Jhammat	70	2	1	2	3	2	2	4	7	1	1	5k	1	2,3	2	13,14	2	99	1	1,2,5	2	0	99	80	12	148/76	179	60	18.70	2	0.9	2	2	2	2
202	HS	Jhammat	61	1	1	2	2	1	1	2	7	1	2	16k	3	2,3	2	3,5,7,9,17	1	99	2	99	2	0	99	64	13	110/80	160	57	22.30	2	0.96	2	2	2	2
203	AK	Jhammat	75	2	2	2	1	3	2	1	7	1	2	40K	5	2	3	2,7,8,10,18	1	99	2	99	2	47	3	68	10	148/86	153	80	34.20	4	1.02	1	2	2	2
204	SK	Jhammat	78	2	2	2	1	2	2	2	7	1	2	75K	5	2,3	3	7,10,13,14	2	99	2	99	2	48	3	69	10	158/99	153	60	25.60	4	1	2	2	2	2
205	KK	Jhammat	85	3	2	2	3	3	2	4	8	2	2	25k	4	2,3	2	2,13,14,18	1	1	2	99	2	46	3	60	10	118/70	148	55	25.10	4	1.02	2	2	2	2
206	GS	Jhammat	85	3	1	2	1	1	1	3	1	1	2	55K	5	2,3	3	13,23	2	8	2	99	2	0	99	72	12	152/90	170	82	28.40	4	0.95	2	2	2	2
207	KS	Jhammat	65	1	1	2	1	1	1	2	1	1	2	60K	5	2	4	2,3,5,13	1	1	1	2	2	0	99	64	10	170/88	180	87	26.90	4	1.06	1	2	2	2
208	SS	Jhammat	74	2	1	2	1	1	1	1	3	1	1	45K	5	2,3	3	2,5,12,13	1	99	2	99	2	0	99	86	13	168/90	172	70	23.70	3	0.99	2	2	2	2
209	BS	Jhammat	65	1	1	2	1	1	1	4	1	1	2	55K	5	2	3	13,19	2	1	2	99	2	0	99	72	11	150/90	170	72	24.90	3	1	1	2	2	2
210	SS	Jhammat	64	1	1	2	3	1	1	4	5	1	2	20k	3	2,3	2	2,5,18	1	1	1	2	2	0	99	79	12	186/98	172	70	23.70	3	1	2	2	2	2
211	AS	khattra	75	2	1	2	1	1	1	2	3	1	2	30k	4	2,3	3	2,3,4	1	1	2	99	2	0	99	74	12	138/80	157	62	25.20	4	0.96	2	2	2	2
212	NS	khattra	70	2	1	2	1	1	1	2	1	1	2	25k	4	2,3	3	3,5,9,18	1	8	1	2	2	0	99	88	14	156/90	189	80	22.40	2	1	2	2	2	2
213	GS	khattra	63	1	1	2	1	1	1	2	7	1	1	35K	5	2,3	3	10,,14	1	8	1	2	2	0	99	80	14	126/82	175	70	22.90	2	0.97	2	2	2	2
214	MS	khattra	79	2	1	2	1	4	2	4	7	1	2	31K	5	2	3	1,2,3,4,5,18	1	8	1	2	2	0	99	78	12	168/78	172	68	23.00	3	0.99	2	2	2	2
215	BS	khattra	80	3	2	2	1	3	2	4	7	1	2	38K	5	2	3	4,12,16,18	1	1	2	99	2	52	4	58	12	126/90	145	57	27.10	4	1	1	2	2	2
216	BK	khattra	60	1	2	2	1	1	1	4	7	1	2	35K	5	2,3	3	12	2	99	2	99	2	45	3	62	11	128/90	154	75	30.40	4	1.03	1	2	2	2

Sr.No	Name Initials	edema	Calories	calorie intake	Mental State	Depression	Depression score	Depression classification	Need to talk	Help in crisis	Comfort by	HOF (now)	Role in family	Anyone depends on	Domestic responsibility	Leisure Time	Physical support	Economic support	Likes to stay	Children visits	Relative visits	Neighbour visits	Gatherings	Worship place	physically harmed	bad names	yelled	VERBAL ABUSE	money/assets against will	access to own money	FIANANCIAL ABUSE	keeps starving	keeps aloof
160	JK	1	1170	3	2	1	7	1	2	2,5	2	2	2	2	2	1	2	2	2	1	1	2	2	3	2	2	2	2	2	1	2	2	2
161	DS	2	1463	2	1	2	4	99	2	2,4	2	1	1	2	2	1	2	2	2	2	2	2	1	2	2	2	2	2	1	2	2	2
162	GK	1	1214	3	2	2	1	99	2	2	2	1	1	1	1	1	2	2	2	2	3	3	2	1	2	2	2	2	2	1	2	2	2
163	RK	1	1704	2	1	2	1	99	1,2,3,4,5	1,2,3	1,2,3,4	2	1	1	1	1	1,2,4,5	1,2	1,2	1	1	1	2	2	2	2	1	1	2	1	2	2	2
164	JS	2	2228	2	1	2	2	99	1,3,5	1,3	1,3	1	1	1	1	1	1,3	5	1	2	1	2	2	2	2	2	1	1	1	1	1	2	2
165	HK	2	1535	2	2	1	9	2	5	2	5	2	2	2	1	2	2	2	2	2	2	2	2	1	2	1	1	1	1	2	1	2	1
166	SS	2	1782	3	1	1	5	1	2,3	2,3,4	2	2	1	2	1	1	2,3,4	2,3,4	2,3,4	1	1	1	1	1	2	2	2	2	2	1	2	2	2
167	SK	1	1447	2	2	1	6	1	2,5	2,4,5	2,5	2	1	2	1	1	2	1	1	2	2	2	2	2	2	1	1	1	1	1	1	2	1
168	GK	2	1745	2	2	2	3	99	2,4,5	2,4	2,5	1	1	2	1	1	1	1	1	2	2	2	2	3	2	2	2	2	2	1	2	2	2
169	LS	1	946	1	1	1	6	1	1,2	1,2,	1,2	2	2	2	2	2	1,2	1,2	1,2	2	2	2	3	2	2	2	1	1	2	1	2	2	1
170	LS	2	1462	1	2	1	6	1	2,3	2,3	2,3	1	2	2	2	2	1,2	1,2	1,2,3	2	2	1	2	1	2	2	2	2	2	1	2	2	2
171	SS	2	1830	3	2	1	9	2	1	1	1,5	2	1	2	2	1	1	1	1	3	3	3	3	2	2	2	2	2	2	1	2	2	2
172	BK	2	1621	3	2	2	1	99	2	2	2	1	1	1	2	1	2	2	2	1	1	1	2	2	2	2	2	2	2	1	2	2	2
173	MS	1	2036	2	1	1	8	1	2	2,4,5	5	1	1	2	1	1	2	6	2	3	2	2	2	2	2	2	2	2	2	1	2	2	2
174	GS	1	1781	3	2	2	3	99	2,4	2,4	2	2	2	2	2	2	2	2	2	1	1	2	2	2	2	2	1	1	2	1	2	2	2
175	ms	2	1840	3	1	2	4	99	1,5	1,4,5	1,5	1	1	1	1	1	1,2	1,2	1,2	1	2	1	3	1	2	2	2	2	2	1	2	2	2
176	HK	1	2106	2	1	2	2	99	1,2,3,4,5	1,2	1,2	2	1	1	1	1	1,2	1,2	1,2	2	2	2	2	2	2	2	2	2	2	1	2	2	2
177	NS	2	2001	2	1	2	3	99	2,4	2,4	2,4	1	1	1	1	1	2,4	2,3,4	2	1	1	1	2	2	2	2	2	2	2	1	2	2	2
178	BK	2	1400	3	2	2	3	99	2,4	2,4	2,4	1	1	2	1	2	2	2	2	1	1	2	3	3	2	2	2	2	2	1	2	2	2
179	KS	1	1825	2	1	1	5	1	1,2,4	1,2	1,2	1	1	1	1	1	1,2	1,2	1,2	2	2	2	2	2	2	2	2	2	2	1	2	2	2
180	NK	2	916	1	2	1	5	1	1,5	1,5	1,5	1	1	2	1	1	2	2	2	2	1	1	2	2	2	2	1	1	1	2	1	2	2
181	DR	2	1032	1	1	2	3	99	2	2,4,5	2	1	1	2	2	1	2	2	2	1	1	1	2	2	2	2	2	2	2	1	2	2	2
182	SS	2	1446	1	1	1	5	1	1	1,4	1,4	1	1	1	1	1	1	1	1	2	2	2	2	2	2	2	2	2	2	1	2	2	2
183	KK	2	1831	2	1	2	2	99	2	2	2	1	1	1	1	2	2	2	2	1	1	1	1	1	2	2	2	2	2	1	2	2	2
184	SK	1	1744	2	1	2	3	99	1,2,3,4	3,4	3,4	1	1	2	1	1	1,2	1,2	1,2	1	1	1	2	1	2	2	2	2	1	2	1	2	2
185	RS	1	1942	3	2	1	7	1	1,2	1,2	1,2	1	1	1	2	2	2	2	2	1	1	1	2	2	2	2	2	2	2	1	2	2	2
186	SK	2	1416	3	2	1	9	2	2	2	2	2	1	1	1	1	2	2	2	2	2	2	2	2	2	2	2	2	2	1	2	2	2
187	GS	2	1863	3	2	1	5	1	5	1	5	2	1	2	2	2	1,3	1	1	2	1	2	1	2	2	2	2	2	1	1	1	2	2
188	KK	1	2265	2	2	1	6	1	2	2,4,5	2	1	1	1	1	2	2	2	2	1	1	1	1	1	2	2	2	2	2	1	2	2	2
189	AK	2	1515	3	2	2	2	99	2,4,5	2	2	2	2	2	1	2	2,5	2	2	1	1	1	2	2	2	2	2	2	2	1	2	2	2
190	HS	2	1645	1	1	2	3	99	1,2,3,4	1,2	1,2,3,4	1	1	1	1	1	1,2	1,2	1,2	2	2	2	2	2	2	2	2	2	2	1	2	2	2
191	AK	2	1944	2	1	2	4	99	1,2,3,4	3,4	3,4	1	1	1	1	1	1,2	1,2	1,2	1	1	1	1	1	2	2	2	2	2	1	2	2	2
192	MS	2	1700	1	2	1	12	3	2	2,5	2	2	1	2	2	1	2	2	2	2	2	2	2	2	2	2	2	2	2	1	2	2	2
193	PK	2	1633	2	1	2	2	99	2,3	2,3	2,3	2	2	2	2	2	2	2	2	2	2	2	1	1	2	2	2	2	2	1	2	2	2
194	MS	1	2010	2	2	2	3	99	1,2	1,2	1,2	2	2	2	2	2	1,2	1,2	1,2	1	1	2	2	2	2	2	2	2	2	1	2	2	2
195	BK	2	1545	2	2	1	12	3	4,5	4,5	4,5	2	2	2	1	2	4	4	6	1	2	3	2	3	2	1	1	1	1	2	1	2	1
196	JS	1	1998	2	1	1	5	1	1,2	1,2	1,2	1	1	1	1	1	1,2	1,2	1,2	1	1	1	2	2	2	2	2	2	2	1	2	2	2
197	DK	2	1468	2	1	2	1	99	2,3,5	2,4,5	2	2	1	2	1	1	2	2	2	1	1	1	1	1	2	2	2	2	1	1	1	2	2
198	MK	2	1724	2	1	2	4	99	1,2,5	1,2	1,2	2	1	2	2	1	1,2	1,2	1,2	2	2	1	1	1	2	2	2	2	2	1	2	2	2
199	SK	2	851	1	2	1	8	1	2	2	2	2	2	2	2	1	2,4	2,4	2,4	1	3	3	2	3	2	1	1	1	2	1	2	2	2
200	KK	1	1390	3	2	1	8	1	2,3,4	2,4,5	2	1	1	1	1	1	2	2,6	2	2	2	3	2	3	2	2	2	2	2	1	2	2	2
201	GS	2	1537	3	2	1	8	1	3,4	3,4	3,4	2	2	2	2	1	3,4	3,4	3,4	3	2	2	2	2	2	2	2	2	2	1	2	2	2
202	HS	2	2346	2	2	2	3	99	1,2,5	1,2	1,2	1	1	2	1	1	1,2	1,2	1,2	2	2	2	2	2	2	2	2	2	2	1	2	2	2
203	AK	2	1420	2	1	2	2	99	2,5	2	2,5	2	1	1	1	2	2	2	2	2	2	2	2	2	2	2	2	1	1	2	1	2	2	2
204	SK	2	1503	2	1	1	5	1	2,5	2	2	2	1	1	1	1	4	4	4	2	2	1	1	1	2	2	2	2	2	1	2	2	2
205	KK	2	1200	3	2	1	8	1	2,5	2,5	2	2	1	1	1	1	2	2	2	2	2	2	3	3	2	2	2	2	2	1	2	2	2
206	GS	2	1403	2	1	2	1	99	1,2	1,2	1,2	2	2	2	2	2	1,2	1,2	1,2	1	1	1	1	1	2	2	2	2	2	1	2	2	2
207	KS	1	2256	2	2	2	3	99	1,2	1,2	1,2	2	2	2	2	2	1,2	1,2	1,2	1	1	1	1	1	2	2	2	2	1	1	1	2	2
208	SS	2	1649	3	1	2	4	99	1,2,3,4,5	1,2,3,4,5	1,2	1	1	1	1	1	1,2	1,2	1,2	1	1	1	2	2	2	2	2	2	2	1	2	2	2
209	BS	2	1982	2	2	2	4	99	2,3,4	2,3,4	2,3,4	1	1	1	1	1	1,2,3,4	1,2,3,4	1,2,3,4	2	2	2	2	2	2	2	2	2	2	1	2	2	2
210	SS	2	1737	1	2	1	8	1	1,2,3,4,5	1,2	1,2	1	2	2	2	2	1,2	1,2	1,2	2	2	2	2	3	2	2	2	2	2	1	2	2	2
211	AS	2	1724	3	1	2	3	99	1,2,4	1,2	1,2	1	1	1	1	1	1,2,4	1,2	1,2	1	1	1	3	3	2	2	2	2	2	1	2	2	2
212	NS	2	1792	2	1	2	4	99	2,3	2,3	2,3	2	1	1	1	1	2	2	2	2	2	2	2	2	2	2	2	2	2	1	2	2	2
213	GS	2	1823	3	1	2	1	99	1	1,4,5	1,5	2	1	2	1	2	1,2,4	1,2,4	1,2,4	2	2	1	2	1	2	2	2	2	2	1	2	2	2
214	MS	1	1643	3	1	1	6	1	3,4	1,3,4	2	2	2	2	2	2	2,4	2,4	3	3	3	3	2	3	2	1	1	1	1	1	1	2	2
215	BS	2	1280	2	2	2	3	99	2	2	2	2	2	2	2	2	1,2	1,2	1,2	2	2	2	2	1	2	2	2	2	2	1	2	2	2
216	BK	2	1610	3	2	1	5	1	1,2	1,2	1,2	1	1	1	1	1	1,2	1,2	1,2	1	1	2	2	1	2	2	2	2	2	1	2	2	2

Sr.No	Name Initials	Pref for Tt	Health facility availed when sick	Why not government facility	Distance	Transport	Time	Accompanying person	Routine Med	Adherence to med	Irregular due to	Self medication	Medical expenditure per month	expenditure borne by	Awareness of health insurace	if yes	enrolled	scheme	MEMBERS INCLUDED	yearly payment	benefits availed	availed why	why not enrolled	quality of life
160	JK	1,2,3	2,3,4,5	5	4	1	5	1	1	2	2	1	4	2	2	99	2	99	99	99	99	99	1	3
161	DS	1,3	1,3,5	99	3	1	4	3	1	2	2	1	1	1	1	1	2	99	99	99	99	99	7	2
162	GK	1,2,3	1,4	99	3	1	4	1	1	2	3	1	1	2	1	1	1	1	2	2	2	99	99	2
163	RK	1,2,3,4	1,2,3,4,5	99	1,3	1	1,3	1	1	1	99	1	1	2	2	99	2	99	99	99	99	99	1	2
164	JS	1,2,3,4	1	99	4	1	4	3	2	99	99	1	1	1	1	1	2	99	99	99	99	99	9	2
165	HK	1,3,4,5	1,3,4,5	99	4	1	4	1	1	2	1,3	1	1	1,2	2	99	2	99	99	99	99	99	1	2
166	SS	1,3,5	1,2,3,4,5	99	3	1	4	3	1	2	3	1	1	1,2	1	1	1	1	2	6	2	99	99	3
167	SK	1,3	1,3,4,5	99	1,3	1	3	3	2	99	99	1	1	1	1	1	1	1	2	2	1	1	99	3
168	GK	1,3	1,3,4,5	99	4	1	4	1	1	2	3	1	1	1,2	1	1	1	1	2	2	2	99	99	3
169	LS	3	1,2,3,5	99	4	1	4	1	1	2	4	1	2	2	1	1	1	1	2	6	2	99	99	3
170	LS	1,3	1,2,3,5	99	3,4	1	3,4	3	1	2	2,3	1	1	1	1	1	1	1	2	1	1	2	99	3
171	SS	3	1	99	2,4	1	4	1,2	2	99	99	1	1	1	1	1	1	1	2	2	1	3	99	2
172	BK	1,3	2	3,10	2	1	2	1	1	2	4	1	1	1,2	1	1	1	1	2	2	1	2	99	2
173	MS	1,2,3,4,5	1,3,4,5	99	4	1	4	3	2	99	99	1	2	1	1	1	1	3	2	4	2	99	99	2
174	GS	1,2,3,4	1,2,5	99	2	1	2	1	1	2	5	1	1	1,2	2	99	2	99	99	99	99	99	1	2
175	ms	3	2,5	3,9	2	1	2	1	1	1	99	1	4	2	2	99	2	99	99	99	99	99	1	2
176	HK	1,3	1,2,5	99	2	1	2	1	1	2	3	1	1	1	1	1	1	1	2	6	2	99	99	1
177	NS	3	1,2,5	99	5	1	5	1	1	2	1	1	3	1	1	1	1	1	2	4	1	2	99	2
178	BK	3	1,2	99	2,5	1	2,5	1	1	1	99	1	2	2	2	99	2	99	99	99	99	1	1	1
179	KS	1,3	2,5	3	2	1	2	1	1	2	5	1	2	1	1	1	1	1	2	2	2	99	99	2
180	NK	3	2	9	2,5	1	2,5	1	1	1	99	1	3	1,2	2	99	2	99	99	99	99	99	1	2
181	DR	1,2,3	1	99	2,3	1	2,3	3	1	1	99	1	1	2	2	99	2	99	99	99	99	99	1	1
182	SS	1,2,3	1,4,5	99	2	1	2	2	1	2	1,3	1	1	1	1	1	1	1	2	2	2	99	99	3
183	KK	2,3	1,2,5	99	2,5	1	2,5	1	2	99	99	1	1	2	2	99	2	99	99	99	99	99	1	2
184	SK	2	2,3,4,5	4	4	1	3	2	2	99	99	1	1	1	1	1	1	3	2	4	1	1	99	2
185	RS	1,3,4	1,2,3,4,5	99	1	1	1	3	1	2	1,3,5	1	1	1	1	1	1	1	2	2	2	99	99	3
186	SK	1,3,4	1,3,4,5	99	2	1	2	1,2	2	99	99	1	1	1.2	1	1	1	1	2	6	2	99	99	2
187	GS	1,3	1,2,5	99	1	1	1	3	1	2	5	1	1	1	1	1	1	1	2	6	2	99	99	2
188	KK	1,3,4	1,2	99	1	1	1	1	1	1	99	1	2	1,2	1	1	1	1	2	6	2	99	99	2
189	AK	1,3	1,2,3,4,5	99	2,3	1	2,3	1	1	2	3	1	2	2	1	1	2	99	99	99	99	99	7	2
190	HS	1,2,3,4	2,5	9	1	1	1	3	2	99	99	1	1	1	1	1	2	99	99	99	99	99	6	1
191	AK	3	1,2,4,5	99	2,5	1	2,5	1	1	2	2	1	4	2	2	99	2	99	99	99	99	99	1	2
192	MS	1,2,3	2,3,4,5	9	5	1	5	1	1	1	99	1	1	2	2	99	2	99	99	99	99	99	1	4
193	PK	3	2,4	2	3,5	1	3,5	1	1	1	99	2	2	2	1	1	1	1	2	1	1	3	99	3
194	MS	1,2	1,2,3,4	99	3,5	1	3,5	1	1	2	3	1	1	2	1	1	1	2	1	5	2	99	99	2
195	BK	3,4	1,2,4	99	3	1	3	1	2	99	99	2	1	2	1	2	2	99	99	99	99	99	9	4
196	JS	2,3	1,2	99	2,3	1	2,3	3	1	2	3	1	1	2	2	99	2	99	99	99	99	99	1	2
197	DK	1,3	1,3,5	99	2	1	1	1	1	2	3	2	1	1,2	2	99	2	99	99	99	99	99	1	2
198	MK	1,2,3,4	2,4	9	3	1	2	1	2	99	99	2	1	1,2	1	1	2	99	99	99	99	99	2,7	2
199	SK	3	2.5	3	2	1	1	1	1	1	99	2	1	2	2	99	2	99	99	99	99	99	1	3
200	KK	2,3,4	1,2,3,4,5	99	5	1	5	1	1	1	99	2	1	2	2	99	2	99	99	99	99	99	1	3
201	GS	1,4,5	1,3	99	1,2	1	1,2	3	2	99	99	1	1	1,2	1	1	1	1	2	2	2	99	99	3
202	HS	1,2,3,4,5	1	99	1,3	1	1,3	1	1	2	3	2	1	1,2	2	99	2	99	99	99	99	99	1	2
203	AK	3	1,5	99	3,4	1	3,4	1	1	2	4	2	3	2	1	1	2	99	99	99	99	99	6	3
204	SK	1,2,3,4	1,5	99	2	1	2	3	2	99	99	2	1	1	1	1	1	1	2	1	1	2	99	2
205	KK	3	2,3	10	3	1	3	1	1	1	99	2	1	2	1	1	1	1	2	2	2	99	99	2
206	GS	1,3	1,2,4	99	2	1	2	1	2	99	99	2	1	1	1	1	2	99	99	99	99	99	9	3
207	KS	1,3	1,2,5	99	2	1	2	2	1	2	2,3	2	1	2	2	99	2	99	99	99	99	99	1	3
208	SS	2	1,2,3,5	99	3,4	1	3,4	2	1	2	3	1	3	1	1	1	1	3	2	4	1	1	99	2
209	BS	2,3	1,5	99	2	1	2	1	1	1	99	2	1	1	1	1	2	99	99	99	99	99	2	2
210	SS	1	1,2,4	99	1,5	1	1,5	1	1	2	3	1	1	2	2	99	2	99	99	99	99	99	1	2
211	AS	3	1,2,4	99	1,5	1	1,5	1,2	1	1	99	2	3	1	2	99	2	99	99	99	99	99	1	2
212	NS	1,2,3	1,2,3,4,5	99	1,5	1	1,5	1	1	1	99	2	2	1	2	99	2	99	99	99	99	99	1	3
213	GS	1,3	1,5	99	2	1	2	3	1	1	99	2	1	1	1	1	2	99	99	99	99	99	2	2
214	MS	1,3,4	3,4,5	11	5	1	5	2	1	2	5	1	3	1	2	99	2	99	99	99	99	99	1	3
215	BS	1,3	3,5	9	2	1	2	1	2	99	99	2	1	1	1	1	1	2	6	2	99	99	3	
216	BK	3,4	1,2,3,4	99	2	1	2	2	2	99	99	2	1	1,2	1	1	2	99	99	99	99	99	7	2

Sr.No	Name Initials	Village	Age	Age group	Gender	Religion	Caste	Marital Status	liv/Nliv with spouse	Edu(self)	Occ	Occ(working/not working)	Family type	INCOME	Total Inc	livelihood	SES	Med Conditions	chronic conditon present/absent	Past His	Addictions	if yes	Sleep	Menopause	Menopause	Pulse	RR	BP	Height	weight	BMI	BMI CLASSIFICATION	WHR	Pallor	Cyn	ict	clubb
217	PS	khattra	74	2	1	2	1	2	2	2	7	1	2	30k	4	3	3	7	2	99	2	99	2	0	99	80	11	140/84	160	55	21.50	2	1	2	2	2	2
218	SS	khattra	70	2	1	2	2	1	1	4	2	1	1	9k	2	2,3	2	5,18,20	1	99	2	99	1	0	99	75	14	136/78	170	72	24.90	3	0.98	2	2	2	2
219	SK	khattra	72	2	2	2	1	1	1	4	7	1	2	40K	5	2	3	2,7,13	1	99	2	99	2	43	2	70	13	148/92	162	68	25.90	4	0.99	2	2	2	2
220	RK	khattra	73	2	2	2	1	3	2	4	7	1	2	45K	5	2,3	3	2,5,7,13,18	1	2	2	99	1	49	3	84	16	170/80	153	60	25.60	4	0.95	1	2	2	2
221	SK	khattra	65	1	2	2	1	1	1	2	7	1	2	60K	5	2	4	7	2	2	2	99	2	39	1	84	18	178/104	154	70	29.50	4	0.98	1	2	2	2
222	BS	khattra	69	1	1	2	2	1	1	4	7	1	2	25k	4	2	2	1,2,18	1	1	1	2	2	0	99	80	14	158/106	182	70	21.10	2	0.98	2	2	2	2
223	MS	khattra	80	3	1	2	1	1	1	4	1	1	2	45K	5	2	3	2,5,13	1	8	2	99	2	0	99	70	13	100/70	182	65	19.60	2	0.99	1	2	2	2
224	DK	khattra	70	2	2	2	2	3	2	4	7	1	2	18k	3	2,3	2	2,5,18	1	1	2	99	2	44	2	96	15	160/94	164	90	33.50	4	1.03	1	2	2	2
225	SK	khattra	82	3	2	2	1	3	2	1	7	1	2	55K	5	2	3	2,5,715,16,18	1	3	2	99	1	45	3	80	17	162/88	169	70	24.50	3	0.98	1	2	2	2
226	TK	khattra	80	3	2	2	1	1	1	4	7	1	2	22k	4	2,3	3	2,5,18	1	1	2	99	2	42	2	70	11	120/80	160	48	18.80	2	0.94	2	2	2	2
227	DS	khattra	90	3	1	1	2	4	2	1	8	2	2	25k	4	2,3	3	14	2	4	2	99	2	0	99	104	20	180/80	NA	NA	NA	NA	NA	2	2	2	2
228	MS	khattra	69	1	1	2	1	1	1	2	1	1	2	30k	4	2,3	3	9,19	2	1	2	99	2	0	99	76	15	158/98	179	103.3	32.10	4	1.05	2	2	2	2
229	NS	khattra	78	2	1	2	1	1	1	4	1	1	2	35k	5	1,3	3	1,3,4,18,19,a	1	1,5,6	1	2	2	0	99	65	12	156/98	170	67.2	23.20	3	1.01	1	2	2	1
230	JK	khattra	70	2	2	2	1	1	1	1	7	1	2	30-40k	5	1,2	2	1,2,5	1	8	2	99	2	49	3	62.5	12	112/84	160	68	26.60	4	1.09	1	2	2	2
231	RS	khattra	65	1	1	2	1	1	1	1	1	1	2	45k	5	2	3	2,3,9,13,,19	1	99	1	2	2	0	99	79	12	152/86	173	68	22.70	2	0.98	1	2	2	2
232	AS	khattra	66	1	1	2	2	4	2	3	3	1	2	25k	4	1,2	3	2,5,14,18	1	99	1	2	2	0	99	76	12	165/98	172	75.2	25.40	4	0.98	2	2	2	2
233	HS	khattra	61	1	1	2	1	1	1	2	3	1	2	40k	5	1,2,3	3	3,14,18	1	99	2	99	2	0	99	79	14	168/90	172	63.4	21.40	2	0.97	2	2	2	2
234	GD	khattra	86	3	1	1	3	4	2	1	8	2	2	25k	4	2,3	2	5,9,13,18,19	2	1	2	99	2	0	99	78	13	118/90	166	54	19.60	2	0.98	1	2	2	2
235	SK	khattra	69	1	2	2	1	1	1	2	7	1	2	35-45k	5	2,3	3	4,5,18,19	1	3	2	99	2	45	3	67	12	126/76	150	56.8	25.20	4	0.94	2	2	2	2
236	JK	khattra	74	2	2	2	3	1	1	4	7	1	1	8k	2	2,3	2	2,3,13,17	1	8	2	99	2	48	3	76	12	148/84	147	58.1	26.80	4	1.07	2	2	2	2
237	JK	khattra	80	3	2	2	2	3	2	1	7	1	2	25k	4	2,3	2	2,5,12,13	1	1	2	99	2	45	3	70	11	138/90	160	57	22.30	2	0.94	2	2	2	2
238	HK	khattra	72	2	2	2	1	1	1	1	7	1	1	50K	5	2	3	13	2	1	2	99	2	46	3	86	16	128/90	157	80	36.10	4	1.07	1	2	2	2
239	MS	khattra	83	3	1	2	1	1	1	2	8	2	2	35K	5	2	3	2,3,4,5,12,13,18	1	1	2	99	2	0	99	90	15	150/90	170	55.4	19.00	2	0.99	1	2	2	2
240	BK	khattra	78	2	2	2	1	1	1	4	7	1	2	40K	5	2	3	1,2,12,13,18	1	8	2	99	1	48	3	66	11	140/98	160	60.2	21.00	2	1.02	2	2	2	1
241	NK	khattra	65	1	2	2	1	1	1	1	7	1	2	80K	5	2	4	1,2,20	1	8	2	99	2	41	2	60	10	138/84	152	58.5	25.10	4	1	1	2	2	2
242	HS	Rurka	77	2	1	2	1	1	1	2	8	2	2	35K	5	2	3	2,4,7,9,13,18	1	8	2	99	2	0	99	76	14	135/60	182.8	78	23.30	3	1.01	2	2	2	2
243	NK	Rurka	72	2	2	2	3	1	1	4	7	1	1	5-6K	2	1,2	2	4,5,13,18	1	8	2	99	1	50	4	72	12	130/90	135	34	18.70	2	1.02	1	2	2	2
244	GS	Rurka	75	2	1	2	1	1	1	4	1	1	1	30K	5	2,3	3	2,4,5,13,18,21	1	7,8	2	99	2	0	99	94	17	160/100	169	69.3	30.40	4	0.96	2	2	2	2
245	JK	Rurka	70	2	2	2	1	1	1	4	7	1	1	25k	4	2,3	3	2,5,18	1	1	2	99	2	42	2	72	13	148/86	155	61.6	25.60	4	0.94	1	2	2	2
246	SK	Rurka	80	3	2	2	1	3	2	4	7	1	2	23k	4	2,3	2	2,7,18	1	1,8	2	99	1	51	4	60	12	140/90	150	46.4	20.60	2	1.05	1	2	2	2
247	PK	Rurka	65	1	2	2	1	3	2	1	7	1	2	50k	5	2,3	3	3,5,13,a	1	99	2	99	1	45	3	70	11	158/82	159	58	22.90	2	0.98	2	2	2	2
248	GK	Rurka	81	3	2	2	1	3	2	4	7	1	2	50K	5	2,3	3	1,5,12,16,18	1	1,5,6	2	99	1	49	3	56	11	170/80	149	40	26.00	4	1.07	1	2	2	2
249	SK	Rurka	67	1	2	2	2	3	2	1	7	1	1	35k	4	3	2	29,13,14,18	1	99	2	99	1	50	4	58	10	164/88	163	58	21.80	2	0.96	1	2	2	2
250	GK	Rurka	74	2	2	2	3	1	1	4	7	1	2	15k	3	2,3	2	1,2,4,18	1	8	2	99	2	43	2	73	11	160/80	154	51	21.50	2	1	1	2	2	2
251	SK	Rurka	62	1	2	2	3	3	2	4	7	1	1	10k	2	2,3	2	5,21	1	1,2,8	2	99	1	48	3	80	14	120/80	152	45	19.50	2	0.96	1	2	2	2
252	HK	Rurka	69	1	1	2	3	1	1	4	1	1	1	8k	2	1,3	2	4,20	1	99	1	2	2	0	99	69	12	120/86	172	55.4	18.70	2	0.98	2	2	2	2
253	JS	Rurka	70	2	1	2	3	1	1	4	1	1	2	7k	2	2,3	2	2,5,13	1	99	1	2	2	0	99	76	13	110/70	172	60.9	20.30	2	0.84	2	2	2	2
254	AK	Rurka	62	1	2	2	1	1	1	1	7	1	2	40K	5	2	3	3,5,12,13,18	1	99	2	99	2	52	4	78	18	170/94	165	70	25.70	4	0.84	2	2	2	2
255	MK	Rurka	74	2	2	2	1	1	1	4	7	1	2	25k	4	2	3	1,2,5,7,18	1	2	2	99	2	38	1	58	11	178/110	150	56.5	25.10	4	0.94	2	2	2	2
256	HK	Rurka	70	2	2	2	2	3	2	4	7	1	2	25-30k	4	2,3	3	2,5,13,18	1	2,3	2	99	1	40	2	90	13	150/88	161	92.8	35.80	4	1.01	1	2	2	2
257	NK	Rurka	70	2	2	2	3	1	1	1	7	1	2	3k	1	2,3	2	2,4,13,18	1	99	2	99	1	47	3	65	12	136/70	160	68	26.60	4	0.99	2	2	2	2
258	HK	Rurka	70	2	2	2	1	1	1	1	7	1	2	45K	5	2	3	2,5,13,16,18	1	1,8	2	99	2	40	2	73	15	168/94	152	71.5	30.90	4	1.04	1	2	2	2
259	GK	Rurka	62	1	2	2	3	1	1	4	7	1	2	20k	3	2,3	3	2,3,13,18	1	2	2	99	2	45	3	67	13	150/90	162	66.8	25.50	4	0.98	1	2	2	2
260	SS	Rurka	75	2	1	2	1	1	1	2	1	1	2	25k	4	2,3	3	4,13,18	1	99	1	2	2	0	99	72	12	162/88	157	55	22.30	2	0.92	2	2	2	2
261	BS	Rurka	86	3	1	2	3	1	1	4	3	1	1	2k	1	2,3	1	2,12	1	1	2	99	2	0	99	64	12	138/92	170	48.5	16.80	1	1.01	1	2	2	2
262	SS	Rurka	75	2	1	2	1	1	1	4	8	2	2	40K	5	2,3	3	5,19,21	1	99	2	99	2	0	99	84	13	168/94	160	75.5	29.50	4	0.98	1	2	2	2
263	BS	Rurka	86	3	1	2	3	1	1	4	3	1	1	5k	1	2,3	1	2,12,21	1	1	2	99	2	0	99	64	12	138/92	170	48.5	16.80	1	1.02	1	2	2	2
264	HK	Rurka	65	1	2	2	1	1	1	1	7	1	2	52k	5	2,3	3	2,18,21	1	99	2	99	2	51	4	74	14	186/100	147	61.6	28.70	4	1	1	2	2	2
265	MK	Rurka	74	2	2	2	2	3	2	4	7	1	2	25k	4	2,3	2	7,16	2	99	2	99	2	49	3	65	10	108/66	159	41.5	16.40	1	0.96	1	2	2	2
266	JS	Rurka	65	1	1	2	1	1	1	2	8	2	2	40K	5	2	3	2,5,18	1	1	1	2	2	0	99	82	13	148/88	170	58	20.00	2	0.99	2	2	2	2
267	RM	Rurka	77	2	1	1	2	1	1	2	7	1	2	40K	5	2,3	3	19,21	1	1	2	99	2	0	99	80	14	146/92	165	50	18.40	1	0.92	2	2	2	2
268	AM	Rurka	60	1	1	1	2	1	1	1	5	1	2	31K	5	2,3	3	2,9,13,18	1	8	1	1,2,5	2	0	99	94	16	168/98	165	49	18.00	1	0.96	1	2	2	2
269	JS	Rurka	70	2	2	2	1	1	1	1	7	1	2	50K	5	2,3	3	2,4,5,12,13,18	1	8	2	99	2	40	2	64	11	126/94	160	63.2	24.70	3	0.87	1	2	2	2
270	GS	Rurka	68	1	1	2	1	4	2	2	1	1	2	30k	4	2	3	1,2,3	1	99	1	2	2	0	99	78	14	190/110	167	91	32.60	4	1.08	2	2	2	2
271	SS	Rurka	69	1	1	2	2	1	1	4	1	1	2	28k	4	2	3	4,11,12,13	1	8	1	2	2	0	99	69	11	140/70	175	60	19.60	2	1.01	1	2	2	2

Sr.No	Name Initials	edema	Calories	calorie intake	Mental State	Depression	Depression score	Depression classification	Need to talk	Help in crisis	Comfort by	HOF (now)	Role in family	Anyone depends on	Domestic responsibility	Leisure Time	Physical support	Economic support	Likes to stay	Children visits	Relative visits	Neighbour visits	Gatherings	Worship place	physically harmed	bad names	yelled	VERBAL ABUSE	money/assets against will	access to own money	FIANANCIAL ABUSE	keeps starving	keeps aloof
217	PS	2	1768	2	1	2	1	99	3	3	3,5	2	2	2	1	2	3,5	3,5	3	3	2	2	2	1	2	1	1	1	1	2	1	2	2
218	SS	1	2275	2	2	2	3	99	1,2	1,2	1,2	1	1	1	1	2	1,2	1,2	1,2	1	3	1	1	1	2	2	2	2	2	1	2	2	2
219	SK	2	1729	2	1	1	7	1	1,2,5	1,2	1,2	1	1	2	2	2	1,2	1,2	1,2	2	2	2	2	2	2	2	2	2	2	1	2	2	2
220	RK	2	1584	2	2	1	11	2	4	2,4	4,5	2	2	2	2	2	4	4	4	2	1	2	2	3	1	1	1	1	2	2	1	2	1
221	SK	2	1432	3	1	2	1	99	1,2,5	1,2	1,2	2	1	2	1	2	1,2	1,2	1,2	1	1	1	1	1	2	2	2	2	2	1	2	2	2
222	BS	2	1726	3	1	2	1	99	2,3	2	2	2	1	2	2	1	2	2	2	2	2	3	3	3	2	2	2	2	2	1	2	2	2
223	MS	2	1382	3	1	1	13	3	3	3,5	3,5	2	2	2	2	1	3,5	3,5	3	2	1	1	1	1	2	1	1	1	1	2	1	1	1
224	DK	2	1929	2	1	2	2	99	2,5	2,5	2,5	1	1	1	1	1	2	2	2	3	3	1	1	1	2	2	2	2	2	1	2	2	2
225	SK	2	1458	2	2	2	3	99	2	2	2	2	2	2	1	2	2	2	2	1	1	1	2	2	2	2	2	2	2	1	2	2	2
226	TK	1	978	1	1	1	5	1	2	2	2	2	2	2	2	1	2	2	2	1	1	2	2	2	2	2	2	2	2	1	2	2	2
227	DS	2	1044	1	1	2	1	99	2	2,5	2	2	1	2	2	1	2	2	2	2	2	3	2	2	2	2	2	2	2	1	2	2	2
228	MS	2	1919	3	1	2	4	99	1,2	1,2	1,2	1	1	1	1	1	1,2	1	1,2	2	2	2	2	2	2	2	2	2	2	1	2	2	1
229	NS	2	1381	1	1	2	3	99	2	2	2	2	2	1	1	2	2	2	2	2	2	2	2	2	2	1	1	1	2	1	2	2	2
230	JK	2	1521	2	2	2	2	99	1,2	1,2	1,2	2	1	2	1	1	1,2	1,2	1,2	2	2	2	3	1	2	2	2	2	2	1	2	2	2
231	RS	2	1928	3	1	2	1	99	4	4	4,5	2	2	2	2	2	2	3,4	6	2	2	2	2	2	2	1	1	1	2	2	1	2	2
232	AS	1	1852	3	1	2	4	99	2,3,4	2,3,4	2,3,4	1	1	2	2	1	2	2	2	2	2	2	2	1	2	2	2	2	2	1	2	2	2
233	HS	2	1911	2	1	2	3	99	1,2	1,2	1,2	1	1	1	1	1	1,2	1,2	1,2	2	2	2	2	1	2	2	2	2	2	1	2	2	2
234	GD	2	1371	2	2	1	6	1	2,4	2,4	2,4,5	2	2	2	2	1	2,4	2,4	2,4	1	1	1	3	3	2	2	1	1	1	2	1	2	1
235	SK	2	1870	2	1	2	4	99	1,2	1,2	1,2	2	1	2	1	1	1,2	1,2	1,2	2	2	2	2	1	2	2	2	2	2	1	2	2	2
236	JK	2	1714	3	2	1	8	1	1,5	1	1,5	2	2	2	2	1	1	1	1	3	2	3	3	3	2	1	1	1	2	1	2	2	1
237	JK	2	955	1	1	2	4	99	2,5	2,5	2,5	2	2	2	2	1	2	2	2	2	2	2	2	2	2	2	2	2	2	1	2	2	2
238	HK	2	1752	2	2	1	5	1	2	2	2	2	1	1	1	1	2	2	2	1	1	1	1	1	2	2	2	2	2	1	2	2	2
239	MS	2	1059	1	1	1	9	2	1	1	1	2	2	2	2	1	1	1	1	2	2	1	2	3	2	1	1	1	2	1	2	2	1
240	BK	1	1453	2	2	1	10	2	1	1	1,5	2	1	2	1	2	1,2,3,4	1,2,3,4	1,2,3,4	2	2	3	2	2	2	1	1	1	2	1	2	2	1
241	NK	2	1969	2	1	2	3	99	1,2	1,2	1,2	1	1	2	1	1	1,2	1,2	1,2	2	2	2	2	1	2	2	2	2	2	1	2	2	2
242	HS	2	1804	2	1	2	3	99	1,2,3,4,5	1,2,3,4,5	1,2,3,45	1	1	2	2	2	1,2,3,4	1,2,3,4	1,2,3,4	2	2	2	2	1	2	2	2	2	2	1	2	2	2
243	NK	2	1265	1	2	1	8	1	2,5	2,5	2,5	1	1	1	1	2	4	4	2,4	2	2	1	2	2	2	1	2	1	2	1	2	2	2
244	GS	1	2189	2	1	2	1	99	1,2,3,4	1,2,3,4	1,2	1	1	2	1	1	1,2	1,2	1,2	2	2	3	2	1	2	2	2	2	2	1	2	2	2
245	JK	2	1240	1	1	2	1	99	1,2	1,2	1,2	1	1	2	1	1	1,2	1,2	1,2	2	2	2	2	2	2	2	2	2	2	1	2	2	2
246	SK	2	1144	3	2	1	5	1	5	2	2,3	2	2	2	2	1	2	2	2	2	2	1	1	3	2	1	1	1	1	2	1	2	1
247	PK	2	1579	1	1	1	5	1	2	2,5	2	2	1	1	1	1	2	2	2	1	3	1	1	1	2	2	2	2	2	1	2	2	2
248	GK	2	1107	3	2	1	8	1	2	2	2	2	2	2	2	1	2,4	2,4	2,4	2	2	2	3	3	2	2	1	1	1	2	1	2	2
249	SK	2	1638	3	2	1	8	1	2,4	2,4	2,4	2	1	2	1	2	2,4	2,4	2,4	2	2	2	2	1	2	2	2	2	2	1	2	2	2
250	GK	2	1070	1	2	2	4	99	1,2,4	1,2,4	1,2,4	1	1	2	1	2	1,2,4	1,2,4	1,2,4	2	2	1	2	2	2	2	2	2	1	1	1	2	2
251	SK	2	1859	3	1	1	11	2	4	4,5	4,5	1	1	2	1	1	2,4	2,4	2,4	1	1	1	3	1	2	2	2	2	2	1	2	2	2
252	HK	2	1791	3	2	2	4	99	2	2	2	1	1	1	1	1	2	2	2	1	1	1	1	1	2	2	2	2	2	1	2	2	2
253	JS	2	1281	2	2	2	2	99	1	1	1	2	2	2	1	2	1	6	1	3	3	2	2	2	2	2	1	1	2	1	2	2	2
254	AK	1	1719	2	2	2	2	99	1,2,3,5	1,2	1,2,3,5	2	1	2	1	1	1,2	1,2	1,2	1	1	1	2	3	2	2	2	2	2	1	2	2	2
255	MK	2	1463	2	2	2	3	99	1,2	1,2	1,2	2	1	1	1	2	1,2	1,2	1,2	1	1	3	2	3	2	2	2	2	2	1	2	2	2
256	HK	2	1514	2	2	1	11	2	2	2	2,5	2	2	2	2	2	2	2	2	2	2	2	2	2	2	1	1	1	1	2	1	1	2
257	NK	2	1346	3	2	1	7	1	1,2	1,2	1,2	2	1	2	1	2	1,2	1,2	1,2	2	2	2	2	2	2	2	2	2	2	1	2	2	2
258	HK	2	1820	2	1	2	3	99	1,2,3,4,5	1,2,3,4	1,2,3,4	2	1	2	1	1	1,2	1,2	1,2	2	2	2	2	2	2	2	2	2	2	1	2	2	2
259	GK	2	1650	2	1	1	7	1	2	2	2	2	1	2	1	1	2	2	2	2	2	2	3	2	2	2	2	2	2	1	2	2	2
260	SS	2	1781	1	1	2	1	99	1,2	1,2	1,2	1	1	2	2	2	1,2	1,2	1,2	2	2	2	1	1	2	2	2	2	2	1	2	2	2
261	BS	2	1514	2	2	1	11	2	1,5	1	1,5	2	2	2	2	2	2	2	1	1	1	3	2	2	2	2	2	2	2	1	2	2	2
262	SS	2	2181	2	2	2	1	99	4	4	4,5	2	1	2	2	1	4	4	4	2	2	3	3	3	2	2	2	2	2	2	1	2	2
263	BS	2	1514	3	2	1	13	3	1	1	1	2	2	2	2	2	2	2	1	1	1	3	2	2	2	2	2	2	2	1	2	2	2
264	HK	1	1711	2	1	2	4	99	2,4	2,4	2,4	2	1	1	1	1	2	2,4	2	1	1	1	1	1	2	2	2	2	2	1	2	2	2
265	MK	2	1037	1	2	1	9	2	2,3,5	2,3	2,3	2	2	2	2	1	2	2	2	1	1	3	2	1	2	2	2	2	2	1	2	2	2
266	JS	1	1908	3	1	2	4	99	1,2,3,5	1,2,3,4,5	1,2,3,4,5	1	1	2	1	1	2,3,4,5	2,3	1,2	2	2	2	2	2	2	2	2	2	2	1	2	2	2
267	RM	2	1460	1	1	1	5	1	3,4	3,4	3,4	1	1	1	1	1	3,4	3,4	3,4	3	3	3	2	3	2	2	2	2	2	1	2	2	2
268	AM	2	1805	3	1	1	7	1	1,2,3,5	1,2,3	1,2,3	2	2	2	2	1	1,2,3,4	1,2,3,4	1,2,3,4	1	1	1	2	2	2	2	2	2	2	1	2	2	2
269	JS	1	1265	2	2	1	5	1	1,2	1,2	1,2	1	1	1	1	1	1,2	1,2	1,2	1	1	2	2	2	2	2	2	2	2	1	2	2	2
270	GS	2	2508	2	1	2	3	99	2,4,5	2	2	1	1	1	2	1	2	2	2	2	2	1	2	2	2	2	2	2	2	1	2	2	2
271	SS	2	1759	3	2	2	3	99	1,2	1,2	1,2	1	1	1	1	2	1,2	1,2	1,2	2	2	2	2	2	2	2	2	2	2	1	2	2	2

Sr.No	Name Initials	Pref for Tt	Health facility availed when sick	Why not government facility	Distance	Transport	Time	Accompanying person	Routine Med	Adherence to med	Irregular due to	Self medication	Medical expenditure per month	expenditure borne by	Awareness of health insurace	if yes	enrolled	scheme	MEMBERS INCLUDED	yearly payment	benefits availed	availed why	why not enrolled	quality of life
217	PS	1,3	1,3,4,5	99	2,3	1	2,3	1	2	99	99	2	1	1	2	99	2	99	99	99	99	99	1	2
218	SS	1,3	2,3,4	3	4	1	4	1	1	2	1	1	1	1,2	2	99	2	99	99	99	99	99	1	2
219	SK	3,4	2,3,4,5	3	3	1	3	1	1	2	2	2	1	2	1	2	2	99	99	99	99	99	2	2
220	RK	2,3,4	1,2,3,4,5	99	4	1	4	1	1	1	99	1	3	1,2	2	99	2	99	99	99	99	99	1	3
221	SK	3,4	1,2,4,5	99	3	1	3	1	2	99	99	2	1	2	1	2	1	2	1	4	2	99	99	2
222	BS	3	2,3,5	9	2	1	2	1	1	2	2	2	1	2	2	99	2	99	99	99	99	99	1	3
223	MS	2,3	1,5	99	3	1	3,4	3	1	1	99	1	1	2	1	1	2	99	99	99	99	99	9	4
224	DK	1,3	1,3,4	99	1,2	1	1,2	1	1	2	3	1	1	2	1	1	2	99	99	99	99	99	7,9	3
225	SK	1,3	2,4,5	11	2,4	1	2,4	1	1	1	99	1	2	2	2	99	2	99	99	99	99	99	1	2
226	TK	2	2	3	3	1	3	1	1	2	5	2	1	1	2	99	2	99	99	99	99	99	1	3
227	DS	2,3	1,2,4,5	99	1	1	1	1	2	99	99	2	1	2	2	99	2	99	99	99	99	99	1	3
228	MS	1,2,3	2,3,5	3	1,3	1	1,3	1	1	2	3	2	1	2	1	1	1	1	2	2	2	99	99	1
229	NS	1,3,4	1,2,3,4,5	99	1,2,5	1	1,2,5	1,2	1	2	4	2	3	2	2	99	2	99	99	99	99	99	1	3
230	JK	1,3	1,2	99	5	1	5	1	1	2	2	1	1	2	1	1	1	1	2	4	2	99	99	2
231	RS	3	1	99	1	1	1	3	1	2	5	2	3	1	2	99	2	99	99	99	99	99	1	3
232	AS	1,3,4	1,4,5	99	2	1	2	3	1	2	5	1	1	1	1	1	1	1	2	5	2	99	99	1
233	HS	1,3	1,2,5	99	1	1	1	3	1	1	99	2	1	1	1	1	1	3	2	4	1	1	99	1
234	GD	1	3,4,5	7	3	1	3	2	1	1	99	2	1	2	1	1	1	1	2	6	2	99	99	2
235	SK	3	1,3,5	99	5	1	5	1	2	99	99	2	1	2	2	99	2	99	99	99	99	99	1	2
236	JK	1,3	1,4,5	99	2	1	2	1	1	2	1	2	1	2	2	99	2	99	99	99	99	99	1	3
237	JK	3	5	9	1	1	1	1	1	2	5	2	1	1	2	99	2	99	99	99	99	99	1	2
238	HK	1,3	2,4,5	11	1	1	1	1	2	99	99	1	1	2	2	99	2	99	99	99	99	99	1	2
239	MS	1,3	2,3,5	3	1	1	1	3	1	2	5	2	1	2	1	1	2	99	99	99	99	99	2,3	4
240	BK	3	2,5	3	5	1	5	1	1	1	99	2	3	2	2	99	2	99	99	99	99	99	1	3
241	NK	3,4	1,3,4,5	99	1,5	1	1,5	1	1	1	99	1	3	2	2	99	2	99	99	99	99	99	1	1
242	HS	3	1,2	99	5	1	5	1	1	2	6	2	2	2	1	2	1	2	1	6	2	99	99	1
243	NK	1,2,3,4,5	1,2,3,4,5	99	1	1	2	1	1	2	1,3	2	1	1,2	2	99	2	99	99	99	99	99	1	3
244	GS	1,2,3	1,2,5	99	4	1	4	1	1	1	99	1	1	2	1	1	2	99	99	99	99	99	2	2
245	JK	1,3	1,2,5	99	3	1	3	3	1	2	3,4	2	2	1,2	2	99	2	99	99	99	99	99	1	2
246	SK	3	1,2,3	99	4	1	4	1	1	1	99	1	1	2	1	1	2	99	99	99	99	99	2	3
247	PK	1,2,3,4,5	1,2,5	99	5	1	5	3	1	2	4	2	1	2	1	1	1	1	2	2	2	99	99	1
248	GK	1,3	1,5	99	1	1	2	1	2	99	99	2	1	1,2	2	99	2	99	99	99	99	99	1	3
249	SK	3	1,3,4,5	99	2	1	2	3	1	2	3	1	1	1	1	1	1	1	2	6	2	99	99	2
250	GK	3	2,5	10	1	1	1	1	1	2	2	2	2	1,2	1	1	1	1	2	1	2	99	99	3
251	SK	1,3	1,2,5	99	2	1	2	3	2	99	99	2	1	1	1	1	2	99	99	99	99	99	2,3	2
252	HK	3	1,5	99	2,5	1	2,5	3	2	99	99	1	2	1	2	99	2	99	99	99	99	99	1	2
253	JS	1,3	5	9	1	1	1	3	2	99	99	2	1	1	2	99	2	99	99	99	99	99	1	3
254	AK	1,3	4,5	4	4	1	4	1	1	1	99	2	2	1,2	1	1	2	99	99	99	99	99	2	2
255	MK	3	5	9	1,4	1	1,4	1	1	1	99	1	2	2	2	99	2	99	99	99	99	99	1	3
256	HK	1,3	1,4,5	99	1	1	1,2	1	1	2	3	2	1	1	2	99	2	99	99	99	99	99	1	3
257	NK	3	1,3,4,5	99	1,4	1	1,4	3	1	2	3,4	2	1	1,2	2	99	2	99	99	99	99	99	1	3
258	HK	3	2,5	10	4	1	4	1	1	2	3	2	1	2	1	1	1	1	2	2	2	99	99	2
259	GK	1,3	3,5	4	2,4	1	2,4	1	1	2	2	1	2	2	1	1	1	1	2	2	2	99	99	3
260	SS	1,3	2,3,5	3	3,5	1	3,5	3	2	99	99	2	1	1	2	99	2	99	99	99	99	99	1	1
261	BS	1,3	1,2,5	99	1,4	1	1,4	3	2	99	99	2	1	1	2	99	2	99	99	99	99	99	1	3
262	SS	1,3	5	3	3,4	1	3,4	1	1	1	99	1	3	1	2	99	2	99	99	99	99	99	1	3
263	BS	1,3	1,2,5	99	1,4	1	1,4	3	2	99	99	2	1	1	1	1	1	1	2	1	2	99	99	2
264	HK	1,3	1,3,4,5	99	2	1	2	1	1	2	3,4	2	2	1,2	1	1	1	1	2	2	2	99	99	1
265	MK	1,3,4	1,4,5	99	1	1	1	1	2	99	99	2	1	2	2	99	2	99	99	99	99	99	1	3
266	JS	1,3	1,3,5	99	2,4	1	2,4	1	1	1	99	1	2	2	1	1	2	99	99	99	99	99	6	2
267	RM	1,3	1,2,3,5	99	1	1	1	3	2	99	99	2	1	1	1	1	1	1	2	1	1	2	99	2
268	AM	1,3	1,3	99	4	1	4	1	1	2	1,2	1	2	1,2	2	99	2	99	99	99	99	99	1	3
269	JS	1,2	1,5	99	1	1	1	1	1	2	3	2	1	2	2	99	2	99	99	99	99	99	1	2
270	GS	1,3	1,2,5	99	1,4	1	1,4	3	1	1	99	2	1	2	2	99	2	99	99	99	99	99	1	1
271	SS	1,3	2,3,4,5	2	1,5	1	1,5	3	1	1	99	1	2	2	2	99	2	99	99	99	99	99	1	2

Sr.No	Name Initials	Village	Age	Age group	Gender	Religion	Caste	Marital Status	liv/Nliv with spouse	Edu(self)	Occ	Occ(working/not working)	Family type	INCOME	Total Inc	livelihood	SES	Med Conditions	chronic conditon present/absent	Past His	Addictions	if yes	Sleep	Menopause	Menopause	Pulse	RR	BP	Height	weight	BMI	BMI CLASSIFICATION	WHR	Pallor	Cyn	ict	clubb
272	PS	Rurka	73	2	1	2	2	4	2	1	1	1	2	20k	4	2,3	2	2,14,18	1	8	2	99	2	0	99	90	14	172/96	155	55	22.90	2	0.99	1	2	2	2
273	JS	Rurka	70	2	1	2	1	1	1	4	1	1	2	32K	5	2	3	2,18,a	1	99	1	2	2	0	99	79	14	162/78	167	67.5	24.40	3	0.86	2	1	1	1
274	SS	Rurka	64	1	1	2	1	4	2	2	7	1	2	40K	5	2	3	3,13,18	1	1,3	1	2	2	0	99	78	12	140/82	175	73	23.80	3	0.96	2	2	2	2
275	DS	Rurka	72	2	1	2	1	1	1	3	7	1	2	90K	5	2	4	1,2,3,4.5,18	1	1,5,6	2	99	2	0	99	59	10	156/10	175	80	26.10	4	1.09	1	2	2	2
276	BS	P kher	78	2	1	2	1	4	2	2	1	1	2	48K	5	2	3	4,5	1	8	2	99	2	0	99	79	12	158/70	168	75	26.60	4	0.9	2	2	2	2
277	S	P kher	65	1	2	2	2	1	1	1	7	1	2	32K	5	1,3	3	2,4,5,9.12,13,14,15,18	1	1,2,8	2	99	2	47	3	82	14	140/82	160	66	25.80	4	0.9	1	2	2	2
278	RL	P kher	72	2	1	1	2	1	1	1	1	1	2	28k	4	2,3	2	2,3,4,9,12,13,18	1	99	2	99	2	0	99	76	12	132/84	170	63	21.80	2	0.97	1	2	2	2
279	KR	P kher	60	1	2	1	2	1	1	1	7	1	2	20k	4	3	2	1,2,3,4,13,18	1	99	2	99	2	45	3	72	15	168/110	154	59	24.90	3	1.01	2	2	2	2
280	MK	P kher	65	1	2	2	2	1	1	4	7	1	1	5k	1	3	2	2,9,,18	1	1	2	99	2	49	3	79	18	128/90	150	47.4	20.50	2	0.96	1	2	2	2
281	MS	P kher	75	2	1	2	1	4	2	2	8	2	2	25k	4	2,3	3	13,23	1	8	2	99	2	0	99	78	12	174/100	150	45	19.50	2	1	2	2	2	2
282	GK	P kher	75	2	2	2	2	3	2	4	7	1	2	9-10K	2	2,3	2	1,2,4,5	1	1	2	99	1	50	4	62	14	160/90	169	54	18.90	2	0.89	1	2	2	2
283	KK	P kher	70	2	2	2	1	1	1	1	7	1	2	35-40k	5	2,3	3	4,5,7.15,18	1	1	2	99	2	48	3	68	14	186/110	167	83	29.80	4	1.02	2	2	2	2
284	MK	P kher	72	2	2	2	3	3	2	1	7	1	1	7-9k	2	2,3	2	5,13,16,a	2	2,3	2	99	1	46	3	96	16	162/92	155	60	25.00	4	0.94	1	2	2	2
285	GK	P kher	62	1	2	2	2	1	1	4	7	1	2	17-18K	3	2,3	2	2,5,13,14,16	1	11	2	99	1	40	2	84	13	180/100	160	80.5	31.40	4	0.99	2	2	2	2
286	PK	P kher	73	2	2	2	3	1	1	4	7	1	2	30K	5	1,2	2	2,5,13,19	1	8	2	99	2	50	4	87	14	180/94	149	56.9	25.60	4	0.96	2	2	2	2
287	SK	P kher	65	1	2	2	1	1	1	1	7	1	2	22k	4	2	3	2,4,5,14	1	99	2	99	2	46	3	89	13	178/98	165	81	29.80	4	0.95	2	2	2	2
288	BK	P kher	80	3	2	2	3	3	2	4	7	1	1	5k	1	3	1	3,5,7,8,12,14,18,a	1	9,10,11,12	2	99	1	51	4	59	10	118/74	147	42	19.40	2	0.95	1	2	2	2
289	JK	P kher	75	2	2	2	1	1	1	1	7	1	2	45K	5	2	3	a	2	8	2	99	2	46	3	59	12	156/84	155	60	25.00	4	0.96	1	2	2	2
290	HK	P kher	65	1	2	2	2	3	2	4	7	1	2	10k	2	1,3	2	2,4,5,18	1	1	2	99	2	43	2	70	14	140/86	157	74	30.00	4	0.98	2	2	2	2
291	RK	kalahar	69	1	2	2	1	3	2	2	7	1	2	45K	5	2	3	14,a	2	2	2	99	2	39	1	75	13	158/90	165	70	25.70	4	0.96	2	2	2	2
292	PK	kalahar	60	1	2	1	3	1	1	1	7	1	2	10-12k	3	2,3	2	2,3,19	1	1	2	99	2	48	3	104	18	176/98	165	75	27.50	4	1.06	1	2	2	2
293	AS	kalahar	68	1	1	1	1	1	1	2	7	1	2	30-40K	5	2	3	3,5,7	1	1	1	2	2	0	99	79	14	184/102	180	98	30.20	4	0.96	2	2	2	2
294	BK	kalahar	60	1	2	2	1	1	1	4	7	1	1	29-30K	4	2,3	2	5,7,14,20	1	99	2	99	2	51	4	64	10	154/94	147	65	30.10	4	1.08	2	2	2	2
295	RK	kalahar	66	1	2	2	1	1	1	1	7	1	2	32K	5	2,3	3	14	2	2	2	99	2	44	2	86	17	198/110	160	77.7	30.40	4	1.11	1	2	2	2
296	GK	kalahar	80	3	2	2	3	1	1	4	7	1	2	12k	3	2,3	2	14,21	1	8	2	99	2	40	2	64	11	110/70	150	37.5	16.70	1	0.88	1	2	2	2
297	MK	kalahar	70	2	2	2	1	1	1	4	7	1	2	40-45k	5	2	3	1,2,5,14,18,19	1	1	2	99	2	51	4	82	14	126/90	138	47	24.70	3	0.83	1	2	2	2
298	SD	kalahar	71	2	2	1	2	1	1	4	7	1	1	28k	4	2,3	2	2,7,8,13,18	1	1	2	99	2	44	2	79	13	146/92	160	57	22.30	2	0.86	2	2	2	2
299	AK	kalahar	80	3	2	1	3	3	2	1	7	1	2	6k	2	2,3	1	2,5,9,20	1	99	2	99	1	43	2	70	13	162/94	157	62.4	25.20	4	0.93	1	2	2	2
300	JK	kalahar	78	2	2	2	3	3	2	1	7	1	2	15k	3	2,3	2	5,20,a	1	99	2	99	2	49	3	82	16	164/94	158	64.4	25.80	4	1.17	1	2	2	2
301	MS	kalahar	82	3	1	2	2	1	1	4	8	2	2	30k	4	2,3	3	12	2	1,8	2	99	2	0	99	68	10	126/88	175	76	24.80	3	0.98	1	2	2	2
302	KS	kalahar	62	1	1	2	1	1	1	4	1	1	2	40K	5	2	3	3,5,18	1	1	1	2	2	0	99	79	12	178/74	167	90	32.30	4	1.09	1	2	2	2
303	CS	kalahar	63	1	1	2	1	1	1	2	1	1	2	50K	5	2	3	2,7,9	1	8	1	2	2	0	99	76	12	128/74	165	78	28.70	4	0.99	1	2	2	2
304	MS	kalahar	70	2	1	2	2	1	1	4	7	1	2	30K	5	2,3	2	99	2	8	2	99	2	0	99	79	12	110/88	165	58.7	21.70	2	0.92	1	2	2	2
305	BS	kalahar	67	1	1	2	1	1	1	2	8	2	2	45K	5	2,3	3	a	2	8	2	99	2	0	99	74	10	132/84	176	53.4	17.10	1	0.88	2	2	2	2
306	BS	kalahar	84	3	1	2	3	4	2	4	8	2	2	20k	4	2,3	2	2,5,7,18	1	7	1	2	2	0	99	59	10	164/78	185	65	19.00	2	0.89	2	2	2	2
307	PK	kalahar	70	2	2	2	1	1	1	4	7	1	2	55K	5	2,3	3	2,9,13,16,18,19	1	99	2	99	1	45	3	78	12	148/88	152	56	23.00	3	0.98	2	2	2	2
308	HK	kalahar	75	2	2	2	1	3	2	4	7	1	2	30k	4	2,3	3	5,14,16,19,a	1	1,2	2	99	2	46	3	78	14	118/84	154	58.9	24.80	3	0.94	2	2	2	2
309	HK	kalahar	75	2	2	2	3	1	1	4	7	1	2	15k	3	3	2	2,4,5,13,18	1	99	2	99	2	50	4	75	13	162/94	150	57	25.30	4	1.01	1	2	2	2
310	JK	kalahar	78	2	2	2	1	3	2	4	7	1	2	35K	5	2	3	99	2	1	2	99	2	44	2	92	14	184/90	147	51	23.60	3	1.06	1	2	2	2
311	RK	kalahar	66	1	2	2	1	1	1	1	7	1	2	31K	5	2,3	3	99	2	2	2	99	2	44	2	86	17	198/110	160	77.7	30.00	4	1.01	1	2	2	2
312	ML	kalahar	62	1	2	1	1	1	1	1	7	1	2	40K	5	2,3	3	4,5,23,a	1	8	2	99	1	48	3	74	12	128/90	160	59	23.00	4	0.97	2	2	2	2
313	SS	kalahar	72	2	1	2	3	1	1	4	2	1	2	32K	5	2	2	1,4,5,18	1	8	1	2	2	0	99	84	15	160/100	172	70.7	24.00	3	0.98	1	2	2	2
314	BK	kalahar	66	1	2	2	1	1	1	1	7	1	2	50k	5	2,3	3	14,19	2	8	2	99	2	47	3	82	13	158/96	167	71.6	25.70	4	0.96	1	2	2	2
315	KK	kalahar	68	1	2	2	2	1	1	4	7	1	2	22k	4	2,3	2	2,6	1	8	2	99	2	45	3	82	12	116/88	152	49	21.20	2	0.85	1	2	2	2
316	AS	kalahar	63	1	1	2	1	1	1	2	8	2	2	45k	5	2	3	1,2,3,5	1	5	1	2	2	0	99	80	14	162/88	157	66.6	27.00	4	0.99	1	2	2	2
317	BS	kalahar	70	2	1	2	3	1	1	4	8	2	1	9k	2	2,3	2	17	2	99	2	99	1	0	99	80	13	160/94	175	65	21.20	2	0.91	2	2	2	2
318	BK	kalahar	69	1	2	2	3	3	2	4	7	1	1	8-9K	2	2,3	2	3,4,7,13,a	1	8	2	99	2	49	3	69	11	132/80	156	49	20.10	2	0.92	2	2	2	2
319	SK	Qilahans	65	1	2	2	3	1	1	4	7	1	2	20k	3	2	2	2,5,13	1	99	2	99	2	49	3	58	10	100/78	142	37.2	18.40	1	0.84	1	2	2	2
320	TS	Qilahans	75	2	1	2	3	4	2	1	8	2	2	22k	4	2,3	2	2,5,9,18	1	4,8	1	2	2	0	99	76	12	162/88	160	49	18.50	2	0.95	1	2	2	2
321	GK	Qilahans	69	1	2	2	1	3	2	1	7	1	2	50k	5	2,3	4	7,13	2	99	2	99	2	46	3	72	11	164/88	157	80	32.50	4	1.09	2	2	2	2
322	PK	Qilahans	72	2	2	2	1	3	2	2	7	1	2	45k	5	2	3	2,5,16,19,a	1	2	2	99	2	38	1	68	10	146/84	158	44	17.70	1	0.84	1	2	2	2
323	PS	Qilahans	75	2	1	2	1	1	1	2	8	2	2	45k	5	2,3	3	1,2,4	1	5,6	2	99	1	0	99	66	13	146/100	167	100.1	35.90	4	1.06	2	2	2	2
324	CS	Qilahans	60	1	1	2	3	1	1	4	8	2	2	25k	4	2,3	2	99	2	99	1	2	2	0	99	78	12	126/88	170	68	23.50	3	0.93	2	2	2	2
325	TS	Qilahans	78	2	1	2	3	4	2	2	8	2	2	10k	2	2,3	3	99	2	1,18	2	99	2	0	99	68	11	110/80	170	55	19.00	2	1	2	2	2	2
326	HK	Qilahans	62	1	2	1	3	3	2	4	7	1	2	10k	2	2,3	2	20	1	1	2	99	2	48	3	72	11	120/82	157	52.4	21.10	2	0.93	1	2	2	2

Sr.No	Name Initials	edema	Calories	calorie intake	Mental State	Depression	Depression score	Depression classification	Need to talk	Help in crisis	Comfort by	HOF (now)	Role in family	Anyone depends on	Domestic responsibility	Leisure Time	Physical support	Economic support	Likes to stay	Children visits	Relative visits	Neighbour visits	Gatherings	Worship place	physically harmed	bad names	yelled	VERBAL ABUSE	money/assets against will	access to own money	FIANANCIAL ABUSE	keeps starving	keeps aloof
272	PS	1	1650	3	2	2	2	99	2,3	2,3	2,3	1	1	2	2	1	2	2	2	1	1	1	2	2	2	2	2	2	2	1	2	2	1
273	JS	1	1717	3	1	2	3	99	1,2,3	1,2	1,2	1	1	1	1	2	1,2	1,2	1,2	2	2	2	2	1	2	2	2	2	1	1	1	2	2
274	SS	2	1845	3	2	2	4	99	2,3	2,3	2,3	1	1	1	1	2	2,3	2	2	2	2	2	2	2	2	2	2	2	2	1	2	2	2
275	DS	1	1846	3	1	1	6	1	1,2	1,2	1,2	1	1	1	1	1	1,2,4	1,2,4	1,2,4	1	1	1	1	1	2	2	2	2	2	1	2	2	2
276	BS	2	1992	3	2	2	3	99	1,2,4	1,2,4	1,2,4	2	1	1	1	1	4	4	4	1	1	1	1	1	2	2	2	2	2	1	2	2	2
277	S	1	1720	2	2	2	1	99	2,5	2	2,5	2	1	2	1	1	1,2,5	1,2	1,2	1	1	1	1	1	2	2	2	2	2	1	2	2	2
278	RL	2	1723	3	2	2	4	99	1,2	1,2	1,2	1	1	2	1	1	1,2	1,2	1,2	1	1	2	2	2	2	2	1	1	2	1	2	2	2
279	KR	2	1693	2	1	1	12	3	1,3,5	1	1,5	2	2	2	1	1	1,2	1	1	2	1	2	2	2	2	1	1	1	2	2	1	2	1
280	MK	2	1387	1	2	1	13	3	5	6	6	2	1	2	1	2	1	1	1	2	2	2	2	3	2	1	1	1	2	2	1	2	2
281	MS	2	1132	1	1	2	3	99	4,5	2,4	2,5	1	1	1	1	1	4	4	6	2	2	2	1	1	2	2	2	2	2	2	1	2	2
282	GK	2	1362	3	2	1	8	1	2	3	2	2	2	2	2	2	2	2	2	1	1	1	1	1	2	2	2	2	2	1	2	2	2
283	KK	1	1589	2	1	1	5	1	2	2	2	1	1	1	1	1	2	2	2	2	2	2	2	2	2	2	2	2	2	1	2	2	2
284	MK	2	1626	2	2	1	5	1	2	2	2,5	2	1	2	2	1	2	2	2	2	2	2	2	2	2	2	2	2	2	1	2	2	2
285	GK	1	1990	2	1	2	3	99	1,5	1	1,5	2	1	2	2	2	1,5	1	1	2	2	1	2	2	2	2	2	2	2	1	2	2	2
286	PK	2	1253	1	2	2	4	99	1,2,3,4,5	1,2	1,2	1	1	2	1	1	2	2	2	2	2	1	1	2	2	2	2	2	2	1	2	2	2
287	SK	1	1717	2	1	2	1	99	1,2,3	1,2,3	1,2,3	1	2	2	2	2	1,2	1,2	1,2	1	1	1	1	1	2	2	1	1	2	1	2	2	2
288	BK	1	920	1	1	1	10	2	1,5	1	1,5	2	2	2	1	2	1	1	1	3	3	2	2	3	1	1	1	1	1	2	1	1	1
289	JK	2	1381	3	1	2	3	99	1,2,5	1,2,4	1,2	1	1	2	1	1	2	1,2	1,2,4	1	1	1	1	1	2	2	2	2	2	1	2	2	1
290	HK	1	1981	2	1	1	6	1	2	2	2	2	2	2	2	1	2	2	2	1	1	1	1	1	2	2	2	2	2	1	2	2	2
291	RK	2	1777	2	1	2	2	99	1,2,3,4,5	1,2	1,2	2	1	2	1	2	1,2	1,2	1,2	2	2	2	2	2	2	2	2	2	2	1	2	2	2
292	PK	2	1450	3	2	2	1	99	2,3,4,5	2	2	2	1	2	1	2	2	2	2	2	2	2	2	2	2	2	2	2	2	1	2	2	2
293	AS	2	1965	3	2	2	4	99	1,2,3,5	1,2	1,2	1	1	1	1	1	1,2	1,2	1,2	1	1	1	2	3	2	2	2	2	2	1	2	2	2
294	BK	1	1701	2	2	1	8	1	1,2	1,2	1,2	2	1	2	1	1	2	2	2	3	2	2	2	2	2	2	2	1	1	2	1	2	2
295	RK	2	1549	3	1	2	1	99	1,2	1,2	2,5	2	1	1	1	1	1,2	1,2	1,2	1	1	2	2	2	2	2	2	2	2	1	2	2	2
296	GK	2	805	1	2	2	4	99	1,2	1,2	1,2	1	1	1	2	1	1,2	1,2	1,2	1	1	1	3	3	2	2	1	1	1	1	1	2	2
297	MK	2	1733	2	2	1	5	1	2	2	2,5	2	1	2	1	1	1,2	1,2	1,2	1	1	3	2	2	2	2	2	2	2	1	2	2	2
298	SD	1	1367	3	1	1	11	2	3,4	3,4	3,4	2	1	1	1	1	2,3	2,3	2,3	1	1	1	2	2	2	2	2	2	2	1	2	2	2
299	AK	1	1199	2	3	1	6	1	1	1,2	1	2	2	2	2	2	6	5	6	3	3	3	3	3	1	1	1	1	2	2	1	2	1
300	JK	2	1437	3	2	2	3	99	2,4	2,4	2,4	1	1	1	1	1	2,4	2,4	2,4	1	1	1	2	2	2	2	2	2	2	1	2	2	2
301	MS	2	1359	3	2	2	1	99	2,4	2,4	2,4	2	1	1	1	1	1,2,4	1,2,4	1,2,4	1	1	2	3	3	2	2	2	2	2	1	2	2	1
302	KS	2	2358	2	1	2	4	99	1,2,5	1,2	1,5	1	2	2	1	1	1,2	3,4	1,2	1	1	1	1	2	2	2	2	2	2	1	2	2	2
303	CS	2	2245	2	1	1	5	1	3,4	3,4	3,4	1	1	1	1	1	1,2,3,4	1,2,3,4	1,2,3,4	1	1	1	1	1	2	2	2	2	2	1	2	2	2
304	MS	2	1863	2	2	2	2	99	4	4	4,5	2	1	1	1	1	4	4	4	2	2	2	2	2	2	2	2	2	1	2	1	2	2
305	BS	2	1216	1	1	2	3	99	1,2,3,4	1,2	1,2	2	1	1	1	1	1,2,3,4	1,2,3,4	1,2	2	2	2	2	2	2	2	1	1	2	1	2	2	2
306	BS	1	1333	3	2	1	7	1	2,3,4,5	2,3,4,5	2,3,4,5	2	2	2	2	2	2,3,4,5	2,3,4,5	2,3,4,5	3	3	1	3	2	2	1	1	1	2	2	1	1	1
307	PK	2	1404	2	2	1	7	1	2,4	2,4	2,4	2	1	2	1	1	2	2	2	1	1	1	2	2	2	2	2	2	2	1	2	2	1
308	HK	2	1217	3	2	2	2	99	2	2	2,5	2	1	1	1	1	2	2	2	2	2	2	3	1	2	2	2	2	2	1	2	2	2
309	HK	2	1318	3	1	1	6	1	1,5	1	1,5	1	1	1	1	2	1	1	1	2	2	2	2	1	2	1	1	1	2	1	2	2	2
310	JK	1	1209	1	2	2	1	99	2	2	2,5	2	1	2	1	2	2	2	2	2	2	2	2	2	2	2	2	2	2	1	2	2	2
311	RK	2	1549	3	1	2	4	99	1,2	1,2	1,2	2	1	1	1	1	1,2	1,2	1,2	1	1	2	2	2	2	2	2	2	2	1	2	2	2
312	ML	2	1524	3	2	2	2	99	1,2,4	1,2	1,2,4	1	1	1	1	1	1,2	1,2	1,2	1	2	2	2	2	2	2	2	2	2	1	2	2	2
313	SS	2	2031	2	2	2	4	99	1,2,3	1,2	1,2,3	1	1	1	1	1	1,2	1,2	1,2	1	2	2	2	2	2	2	2	2	2	1	2	2	2
314	BK	2	1810	2	2	2	3	99	1,3	1,3	1,3	1	1	1	1	1	1,3	1,3	1,3	1	1	1	1	1	2	2	2	2	2	1	2	2	2
315	KK	2	1658	3	2	2	1	99	2,4	2	2	2	1	2	1	2	2	2	2	2	2	2	2	1	2	2	2	2	2	1	2	2	2
316	AS	1	1848	2	1	2	4	99	1,2,3,4	2	1,2	1	1	2	2	1	1,2	1,2	1,2	1	1	1	1	1	2	2	2	2	2	1	2	2	2
317	BS	2	1494	1	2	1	7	1	1	1	1,5	2	1	2	2	1	1	1	1	3	3	2	2	2	2	2	1	1	2	2	1	2	2
318	BK	2	1463	3	2	1	8	1	2	2	5	2	2	2	1	2	2	2	2	3	3	2	2	3	2	2	2	2	2	1	2	2	2
319	SK	2	1450	3	2	1	7	1	1,2,3,4	1,2,3,4	1,2	2	2	1	2	2	1,2	1,2	1,2	1	1	2	2	2	2	2	1	1	2	1	2	2	1
320	TS	2	1607	3	1	2	4	99	2,4,5	2,4	2,4	2	2	2	2	1	2	2	2	2	3	2	2	1	2	2	1	1	1	2	1	2	2
321	GK	2	2154	2	1	2	1	99	2,5	2,5	2,5	2	1	2	2	2	2	2	2	1	1	1	2	2	2	2	2	2	2	1	2	2	2
322	PK	2	1440	2	2	2	3	99	2,5	2,4	2,5	1	1	2	1	1	2	2	2,4	2	2	2	2	3	2	2	2	2	2	1	2	2	2
323	PS	2	2083	2	1	2	1	99	2,3	2,3	2,3	1	1	1	2	1	2,4	2,4	2,4	2	2	2	2	2	2	2	2	2	2	1	2	2	2
324	CS	2	1752	3	2	2	4	99	2	2	2	2	1	2	2	2	1,2	1,2	1,2	2	2	3	2	3	2	2	1	1	2	1	2	2	2
325	TS	2	1882	2	1	2	2	99	2	2	2	2	2	2	2	1	2,4	2,4	2	1	1	2	2	2	2	1	1	1	2	1	2	2	2
326	HK	2	1743	2	2	1	9	2	2	2	2	2	1	1	1	2	2	2	2	1	1	2	2	2	2	2	2	2	2	1	2	2	2

Sr.No	Name Initials	Pref for Tt	Health facility availed when sick	Why not government facility	Distance	Transport	Time	Accompanying person	Routine Med	Adherence to med	Irregular due to	Self medication	Medical expenditure per month	expenditure borne by	Awareness of health insurace	if yes	enrolled	scheme	MEMBERS INCLUDED	yearly payment	benefits availed	availed why	why not enrolled	quality of life
272	PS	1,3	2,5	9	3,4	1	3,4	1	1	2	3	1	1	1	2	99	2	99	99	99	99	99	1	2
273	JS	1,3	1,3,5	99	1,4	1	1,4	3	1	2	4	2	1	2	2	99	2	99	99	99	99	99	1	2
274	SS	1,3	1,5	99	4	1	4	3	1	1	99	2	3	1	2	99	2	99	99	99	99	99	1	2
275	DS	2,3	2	4	4	1	4	3	1	1	99	1	4	1	1	1	2	99	99	99	99	99	5	2
276	BS	1,3	3,5	5	2,4	1	2,4	3	2	99	99	2	1	2	2	99	2	99	99	99	99	99	1	2
277	S	1,3	1,5	99	5	1	5	1	1	2	5	2	2	2	2	99	2	99	99	99	99	99	1	2
278	RL	3	1,5	99	3,4	1	3,4	3	1	1	99	1	1	1	1	1	1	1	2	6	2	99	99	2
279	KR	3	2,3,5	11	1,4	1	1,4	1	1	2	3	2	1	1,2	2	99	2	99	99	99	99	99	1	3
280	MK	3	1,2,3,4,5	99	1	1	1	3	1	2	1	2	1	1	2	99	2	99	99	99	99	99	1	4
281	MS	1,3	1,2,5	99	1,5	1	1,5	3	1	2	2	2	1	1	2	99	2	99	99	99	99	99	1	3
282	GK	2,3	1,2,5	99	1,4	1	1,4	3	1	2	5	1	1	2	2	99	2	99	99	99	99	99	1	2
283	KK	2,3	1,2,5	99	3	1	3	1	1	2	4	2	1	2	2	99	2	99	99	99	99	99	1	1
284	MK	1,2,3,4	1,2,5	99	1,5	1	1,5	3	2	99	99	2	1	2	2	99	2	99	99	99	99	99	1	3
285	GK	1,3,4	1,5	99	1,4	1	4	1	2	99	99	1	1	1	2	99	2	99	99	99	99	99	1	4
286	PK	3	1,3,5	99	2,5	1	2,5	3	1	2	4	2	1	1,2	1	1	1	1	2	3	1	3	99	2
287	SK	2,3	2	2,3	4	1	4	1	1	2	3	2	2	2	2	99	2	99	99	99	99	99	1	2
288	BK	1,2,3,4,5	1,3,4,5	99	1,2	1	2	1	1	2	1	2	1	1	2	99	2	99	99	99	99	99	1	4
289	JK	1,3	2,3,4,5	3	3	1	3	1	2	99	99	2	1	2	2	99	2	99	99	99	99	99	1	2
290	HK	1,3	2,3,4,5	3	4	1	4	2	1	1	99	1	1	2	2	99	2	99	99	99	99	99	1	3
291	RK	3	3,5	3	1	1	1	1	2	99	99	2	1	2	2	99	2	99	99	99	99	99	1	1
292	PK	3,4	1,2,3	99	5	1	5	1	1	2	3	2	1	2	2	99	2	99	99	99	99	99	1	3
293	AS	2,3	1,5	99	4	1	4	3	1	2	3	1	1	1	1	1	1	1	2	1	2	99	99	2
294	BK	2	1	99	5	1	5	1	1	2	2	2	1	1,2	2	99	2	99	99	99	99	99	1	3
295	RK	1,3	1,2,4,5	99	1	1	1	3	2	99	99	2	1	2	1	1	2	99	99	99	99	99	2	2
296	GK	1,3	2,3,5	4	4	1	4	1	1	2	3	1	2	1,2	1	1	1	1	2	1	1	2	99	2
297	MK	1,3	3,5	3	2,3	1	2,3	1	1	2	2	2	1	2	2	99	2	99	99	99	99	99	1	2
298	SD	1,3	1,4,5	99	4	1	4	3	1	2	2,3,4	2	4	2	1	1	1	1	2	2	2	99	99	2
299	AK	1,3,4	1,2,3,4,5	99	2	1	3	3	1	2	1	1	1	1	2	99	2	99	99	99	99	99	1	2
300	JK	2	2	2	4	1	4	3	1	1	99	2	2	1,2	2	99	2	99	99	99	99	99	1	3
301	MS	3	2,5	11	1	1	1	1	2	99	99	2	1	1,2	1	1	1	1	2	6	2	99	99	2
302	KS	1,2,3	1,2,5	99	1,4	1	1,4	3	1	2	1,3	2	1	1.2	2	99	2	99	99	99	99	99	1	3
303	CS	1,3	2,3,4,5	9	3,5	1	3,5	2	1	2	4	1	1	1,2	1	1,2	2	99	99	99	99	99	2	1
304	MS	3	5	9	1	1	1	3	2	99	99	2	3	1	2	99	2	99	99	99	99	99	1	2
305	BS	1,3	1,3,5	99	1,5	1	1,5	1	2	99	99	1	1	2	2	99	2	99	99	99	99	99	1	3
306	BS	1,3	1,2,5	99	1,5	1	1,5	2	1	1	99	2	3	2	2	99	2	99	99	99	99	99	1	4
307	PK	1,3	2,5	10	4	1	4	1	1	2	3	1	1	1	2	99	2	99	99	99	99	99	1	3
308	HK	1,2,3	1,2,4,5	99	2,5	1	2,5	2	2	99	99	2	1	1	2	99	2	99	99	99	99	99	1	2
309	HK	1,3	1,3,5	99	2	1	2	1,2	2	99	99	2	1	2	2	99	2	99	99	99	99	99	1	3
310	JK	1,3	2,4,5	3	1	1	1,2	1	2	99	99	2	1	2	2	99	2	99	99	99	99	99	1	2
311	RK	1,3	1,2,4,5	99	1	1	1	3	2	99	99	1	2	2	1	1	2	99	99	99	99	99	2	2
312	ML	1,3	1,3,5	99	5	1	5	1	1	2	3,5	1	1	2	1	1	1	3	2	2	1	1	99	3
313	SS	1,3	2,5	9	5	1	5	1	1	1	99	2	1	2	2	99	2	99	99	99	99	99	1	2
314	BK	1,3,4,5	2,5	5	1,2	1	1	1	2	99	99	2	1	2	2	99	2	99	99	99	99	99	1	1
315	KK	3	2	7	4,5	1	4,5	3	1	1	99	2	2	2	2	99	2	99	99	99	99	99	1	2
316	AS	3	2,5	3,4	5	1	5	1	1	2	3,6	1	5	2	2	99	2	99	99	99	99	99	1	1
317	BS	3	1,3,5	99	5	1	5	1	1	2	1	2	1	1	1	1	2	99	99	99	99	99	7	3
318	BK	1,3	1,3,4,5	99	1,5	1	1,5	1	1	2	1,3	2	2	2	2	99	2	99	99	99	99	99	1	2
319	SK	1,2,3,4,5	1,2,3,4,5	99	1	1	1	3	2	99	99	2	1	2	2	99	2	99	99	99	99	99	1	2
320	TS	3	1,2	99	1	1	2	1	1	2	3	2	1	2	2	99	2	99	99	99	99	99	1	2
321	GK	3	1,5	99	5	1	5	1	1	2	3	1	3	2	1	1	2	99	99	99	99	99	7	1
322	PK	1,3,4	2,5	4	3,4	1	3,4	1	1	1	99	1	1	2	2	99	2	99	99	99	99	99	1	2
323	PS	2,3,4	1,5	99	1	1	1	3	1	2	4,6	2	1	1	1	1	1	3	2	5	2	99	99	1
324	CS	1,4	3,5	9	1	1	1	3	2	99	99	2	1	2	2	99	2	99	99	99	99	99	1	2
325	TS	3	5	9	1	1	1	3	2	99	99	2	1	1	1	1	1	3	2	3	1	2	99	3
326	HK	1,3,4,5	2,3,4,5	3,10	1	1	1	3	1	2	3,5	2	1	1,2	2	99	2	99	99	99	99	99	1	2

Sr.No	Name Initials	Village	Age	Age group	Gender	Religion	Caste	Marital Status	liv/Nliv with spouse	Edu(self)	Occ	Occ(working/not working)	Family type	INCOME	Total Inc	livelihood	SES	Med Conditions	chronic conditon present/absent	Past His	Addictions	if yes	Sleep	Menopause	Menopause	Pulse	RR	BP	Height	weight	BMI	BMI CLASSIFICATION	WHR	Pallor	Cyn	ict	clubb
327	US	Qilahans	68	1	1	2	1	1	1	3	1	1	2	50K	5	2	4	1,2,5,18	1	1,5	2	99	2	0	99	68	11	138/90	162	71	27.10	4	1.05	2	2	2	2
328	RS	Qilahans	65	1	1	2	3	1	1	1	3	1	1	20k	3	2,3	2	3,m18,20	1	99	1	2	2	0	99	80	13	118/88	170	56.2	19.40	2	0.97	1	2	2	2
329	HK	Qilahans	76	2	2	2	2	1	1	4	7	1	1	9k	2	2,3	2	9,12,13	2	99	2	99	2	45	3	65	10	110/80	158	68.3	27.20	4	1	1	2	2	2
330	BK	Qilahans	60	1	2	2	2	1	1	4	7	1	2	12k	3	2,3	2	1,2,16,18	1	99	2	99	2	47	3	80	12	158/98	152	73.1	31.60	4	1	2	2	2	2
331	NS	Qilahans	67	1	1	2	2	4	2	1	8	2	2	25k	4	2	2	1,2,4,18	1	99	2	99	2	0	99	86	14	158/90	165	47.9	17.60	1	0.96	1	2	2	2
332	GS	Qilahans	71	2	1	1	3	4	2	4	8	2	2	12k	3	2,3	2	7,a	2	99	2	99	2	0	99	81	12	142/80	172	64.9	22.00	2	0.9	1	2	2	2
333	MS	Qilahans	68	1	1	2	3	1	1	4	4	1	2	12k	3	2	2	3	1	1	2	99	1	0	99	85	14	158/98	167	59.6	21.40	2	1.04	2	2	2	2
334	JK	Qilahans	64	1	2	2	3	1	1	4	7	1	2	12k	3	2,3	2	7,8	2	3	2	99	2	46	3	71	12	167/78	160	57.8	22.70	2	0.95	1	2	2	2
335	SK	Qilahans	68	1	2	2	2	1	1	4	7	1	2	28k	4	2	3	4,5,7,16,18	1	99	2	99	1	48	3	80	12	132/80	157	57	23.10	3	1	1	2	2	2
336	CK	Qilahans	70	2	2	2	1	1	1	1	7	1	2	48K	5	2	3	2	1	99	2	99	2	43	2	78	12	156/82	143	44.8	22.00	2	1	1	2	2	2
337	RS	Qilahans	76	2	1	2	2	1	1	2	8	2	2	35K	5	2	3	3,13,18	1	99	2	99	2	0	99	90	15	158/86	172	62.7	21.30	2	0.98	2	2	2	2
338	MK	Qilahans	75	2	2	2	3	1	1	4	7	1	2	15k	3	2	2	99	2	1	2	99	2	46	3	76	11	148/70	153	59	25.20	4	1.01	1	2	2	2
339	AK	Siahar	65	1	2	2	1	1	1	1	7	1	2	50K	5	2,3	3	99	2	1	2	99	2	45	3	79	12	146/76	145	44.8	21.40	2	0.89	1	2	2	2
340	PK	Siahar	95	3	2	2	1	3	2	1	8	2	2	55K	5	2	3	1,2,4,5,7,9,12,18	1	8	2	99	2	45	3	64	10	158/88	163	55	20.70	2	1.01	1	2	2	2
341	ZS	Siahar	75	2	1	2	1	4	2	4	1	1	2	40K	5	2	3	12	2	1	1	2	2	0	99	70	12	160/90	175	88	28.70	4	0.97	2	2	2	2
342	DK	Siahar	68	1	2	2	2	1	1	1	7	1	2	30k	4	2	3	2,5,13,18	1	1,2	2	99	2	39	1	69	10	160/90	162	73.5	28.20	4	1.01	2	2	2	2
343	NS	Siahar	73	2	1	2	1	1	1	2	7	1	2	55K	5	2	3	19	2	99	1	2	2	0	99	70	12	140/82	170	67	23.20	3	0.98	2	2	2	2
345	SS	Siahar	80	3	1	2	1	1	1	2	1	1	2	34K	5	2	3	2,5	1	8	2	99	2	0	99	80	12	140/84	180	68.6	21.30	2	0.96	2	2	2	2
345	GK	Siahar	70	2	2	2	2	1	1	4	7	1	2	48K	5	2,3	3	1,2,13,18	1	1	2	99	2	47	3	61	10	142/76	151	78	34.20	4	1.05	1	2	2	2
346	CS	Siahar	62	1	1	2	2	2	2	4	7	1	2	10k	2	2,3	2	4,7,8	1	8	1	1,5	2	0	99	79	11	148/98	165	63	23.10	3	0.98	2	2	2	2
347	KK	Siahar	83	3	2	2	2	1	1	4	7	1	2	20k	3	2,3	2	7,a	2	8	2	99	2	44	2	66	10	172/92	152	37.4	16.00	1	0.8	1	2	2	2
348	MS	Siahar	78	2	1	2	2	1	1	2	7	1	2	30k	4	2,3	3	3,5,9,12,18	1	8	2	99	2	0	99	77	12	146/90	181	73	22.30	2	0.98	1	2	2	2
349	NK	Siahar	85	3	2	2	1	3	2	4	7	1	2	50K	5	2	3	13	2	8	2	99	2	45	3	62	10	110/70	NA	NA	NA	NA	NA	1	2	2	2
350	MS	Siahar	72	2	1	2	3	1	1	4	8	2	2	12k	3	2	2	99	2	1	1	2,5	2	0	99	89	14	152/84	170	78.7	27.30	4	1.01	1	2	2	2
351	GK	Siahar	62	1	2	2	3	1	1	4	7	1	2	12k	3	2,3	2	3,5,13	1	99	2	99	2	49	3	81	13	148/82	159	58.3	22.90	2	1.02	1	2	2	2
352	MS	Siahar	62	1	1	1	2	1	1	1	7	1	2	31K	5	2	2	5,18,20	1	1	2	99	2	0	99	78	12	150/96	170	69.8	24.20	3	1.05	2	2	2	2
353	SK	Siahar	80	3	2	2	1	3	2	1	7	1	2	52K	5	2,3	3	12	2	1,8	2	99	2	50	4	80	13	158/84	152	47	20.30	2	0.89	1	2	2	2
354	GC	Siahar	70	2	1	1	3	1	1	2	8	2	2	15k	3	2,3	2	21	1	1	2	99	2	0	99	83	14	118/78	152	49.4	21.40	2	0.97	1	2	2	2
355	MK	Siahar	65	1	2	2	1	1	1	4	7	1	2	40K	5	2	3	99	2	99	2	99	2	48	3	75	12	152/80	147	48.6	24.60	3	0.94	1	2	2	2
356	GK	Siahar	67	1	2	2	3	1	1	4	7	1	1	10k	2	2,3	2	99	2	1	2	99	2	47	3	79	12	138/76	153	58	24.80	3	0.95	1	2	2	2
357	TS	Siahar	62	1	1	2	2	1	1	1	7	1	2	38K	5	2,3	3	3,18,19	1	8	2	99	2	0	99	76	12	108/70	165	56	20.60	2	1.04	1	2	2	2
358	MK	Siahar	62	1	2	2	1	1	1	4	7	1	2	55K	5	2,3	3	2,5,19	1	2	2	99	2	42	2	78	14	176/98	157	80.3	32.50	4	1.11	2	2	2	2
359	JS	Siahar	65	1	1	2	1	1	1	2	2	1	2	38K	5	2,3	3	14	2	8	1	5	2	0	99	90	14	126/68	158	50	20.00	2	0.95	2	2	2	2
360	JK	Siahar	70	2	2	2	1	3	2	4	7	1	2	30k	4	2,3	3	1,2,3,12	1	8	2	99	2	46	3	68	10	166/88	170	59	20.40	2	0.96	2	2	2	2
361	KS	Siahar	70	2	1	2	3	4	2	2	2	1	1	15k	3	2,3	2	2,5,19	1	1	1	3	1	0	99	84	14	186/98	169	65	22.80	2	1.04	2	2	2	2
362	HK	Siahar	62	1	2	2	1	1	1	4	7	1	2	32K	5	2,3	3	99	2	99	2	99	2	45	3	89	14	180/100	165	73.1	26.90	4	1.03	1	2	2	2
363	MK	Siahar	61	1	2	2	1	1	1	4	7	1	2	50K	5	2,3	3	1	1	5,6	2	99	2	48	3	66	11	166/98	150	62	27.60	4	0.92	1	2	2	2
364	RK	Siahar	65	1	2	2	1	1	1	4	7	1	2	30k	4	2,3	3	19	2	8	2	99	2	43	2	73	13	136/80	147	45	20.80	2	0.86	2	2	2	2
365	P	Siahar	65	1	2	2	3	3	2	4	7	1	2	20k	4	2,3	2	14	2	8	2	99	2	47	3	74	12	148/90	157	62	25.20	4	0.93	1	2	2	2
366	HK	Siahar	72	2	2	2	2	1	1	1	7	1	2	20k	4	2,3	2	19,a	2	1	2	99	2	46	3	73	10	168/88	159	64	25.30	4	0.96	1	2	2	2
367	MS	Siahar	82	3	1	2	2	4	2	1	8	2	2	20k	4	2,3	2	99	2	1	2	99	2	0	99	70	12	156/86	152	50	21.60	2	0.94	1	2	2	2
368	PS	Siahar	61	1	1	2	3	1	1	4	5	1	1	15k	3	2,3	2	7,9	2	8	1	1,5	2	0	99	70	12	156/86	173	58.6	19.70	2	0.84	2	2	2	2
369	JK	Siahar	68	1	2	2	3	1	1	4	7	1	1	20k	3	2,3	2	99	2	8	2	99	1	50	4	79	12	130/88	167	74	26.50	4	0.95	1	2	2	2
370	BK	Siahar	65	1	2	2	3	1	1	1	7	1	2	20k	3	2,3	2	14	2	1	2	99	2	46	3	76	12	156/72	147	47.4	21.90	2	0.98	2	2	2	2
371	NS	Siahar	70	2	1	2	2	1	1	2	8	2	2	35K	5	2,3	3	15	2	99	2	99	2	0	99	75	12	120/70	175	55	18.00	1	0.86	2	2	2	2
372	HK	Siahar	69	1	2	2	2	1	1	4	7	1	2	30k	4	2	3	2	1	2	2	99	1	37	1	79	12	130/80	153	57.2	22.60	2	0.92	1	2	2	2
373	HS	Siahar	70	2	1	2	1	1	1	3	8	2	1	31K	5	2,3	3	3,13	1	99	2	99	2	0	99	78	11	140/78	187	80	22.90	2	1.02	1	2	2	2
374	BK	Siahar	70	2	2	1	3	1	1	4	7	1	2	9k	2	2,3	2	4,13	1	99	2	99	1	45	3	72	13	156/88	164	62.8	23.30	3	0.98	1	2	2	2
375	JS	Siahar	64	1	1	2	2	1	1	4	4	1	2	15k	3	2,3	2	2	1	99	1	5	2	0	99	80	13	170/98	170	68	23.50	3	1.01	2	2	2	2
376	SS	Siahar	62	1	1	2	3	1	1	1	8	2	2	20k	4	2,3	2	12,14	2	8	2	99	1	0	99	61	13	150/88	165	65	23.90	3	0.98	1	2	2	2
377	BS	Siahar	75	2	1	2	3	1	1	4	4	1	1	5k	1	2,3	1	2,5	1	1	1	1,5	1	0	99	80	13	150/86	168	72	26.00	4	0.95	1	2	2	2
378	GK	Siahar	65	1	2	2	1	1	1	1	7	1	2	34K	5	2,3	3	1,18,a	1	1	2	99	2	44	2	69	10	178/80	157	45	18.30	1	0.83	2	2	2	2
379	KS	Siahar	62	1	1	2	1	1	1	4	7	1	2	48K	5	2	3	12,14	2	99	1	2	2	0	99	68	14	160/88	154	45	19.00	2	1.1	1	2	2	2
380	MS	Siahar	65	1	1	2	3	4	2	4	1	1	1	10k	2	2,3	2	14	2	8	2	99	2	0	99	76	11	156/78	176	69	22.30	2	1	1	2	2	2
381	BS	Siahar	65	1	1	2	1	1	1	2	8	2	2	45K	5	2,3	3	14	2	1	2	99	2	0	99	80	12	118/80	175	80	26.10	4	1.04	2	2	2	2
382	MS	Siahar	68	1	1	2	2	1	1	4	8	2	2	20k	4	2,3	2	2	1	8	2	99	1	0	99	74	12	100/80	169	62	21.70	2	0.97	1	2	2	2
383	MK	Siahar	71	2	2	2	2	1	1	4	7	1	1	35K	5	2	3	3,5,13,18	1	8	2	99	2	48	3	80	14	168/94	157	70	28.40	4	1.08	2	2	2	2
384	BS	Siahar	72	2	1	2	1	1	1	4	1	1	2	45K	5	2,3	3	9,13,15	2	8	2	99	2	0	99	75	12	140/78	170	78	27.00	4	0.94	2	2	2	2
385	MS	Siahar	73	2	1	2	2	1	1	2	8	2	2	30K	5	2,3	2	5,10,14	1	1	2	99	2	0	99	68	10	126/90	164	61.7	23.10	3	0.99	2	2	2	2
386	JK	Siahar	60	1	2	2	2	1	1	4	7	1	2	28k	4	2	2	2,3,12,13,14,18	1	8	2	99	2	49	3	70	11	156/78	165	61	22.40	2	0.9	1	2	2	2
387	JS	Siahar	61	1	1	2	1	4	2	2	1	1	2	50K	5	2	3	3,14,18	1	99	1	2,5	2	0	99	74	13	166/82	170	70	24.20	3	0.95	2	2	2	2
388	MS	Siahar	67	1	1	2	1	1	1	4	1	1	2	40K	5	2	3	5,7,13,,14	1	1	1	2	2	0	99	80	13	140/78	170	75	26.00	4	0.97	1	2	2	2
389	DK	Siahar	63	1	2	2	3	1	1	1	7	1	2	10k	2	2,3	2	3,5,16,18	1	8	2	99	1	51	4	79	14	176/102	162	75	28.60	4	1.01	1	2	2	2
390	KPS	Siahar	76	2	1	1	1	1	1	2	3	1	2	40K	5	2	3	9,14	2	8	2	99	2	0	99	85	15	188/100	165	60	22.00	2	0.92	2	2	2	2
391	CK	Siahar	75	2	2	2	2	1	1	4	7	1	2	15k	3	2	2	4,5	1	8	2	99	2	46	3	90	12	178/90	150	44	19.60	2	1.03	1	2	2	2
392	DS	Siahar	65	1	1	2	1	1	1	2	1	1	2	40K	5	2	3	13,14,15	2	1	1	2	2	0	99	81	14	158/78	170	52	18.00	1	0.94	1	2	2	2
393	HK	Siahar	69	1	2	2	2	1	1	4	7	1	2	30K	5	2	2	14,a	2	2,8	2	99	2	43	2	79	13	160/82	149	60	27.00	4	1	2	2	2	2

Sr.No	Name Initials	edema	Calories	calorie intake	Mental State	Depression	Depression score	Depression classification	Need to talk	Help in crisis	Comfort by	HOF (now)	Role in family	Anyone depends on	Domestic responsibility	Leisure Time	Physical support	Economic support	Likes to stay	Children visits	Relative visits	Neighbour visits	Gatherings	Worship place	physically harmed	bad names	yelled	VERBAL ABUSE	money/assets against will	access to own money	FIANANCIAL ABUSE	keeps starving	keeps aloof
327	US	2	1909	3	1	2	3	99	1,2	1,2	1,2	1	1	1	2	1	1,2	1,2	1,2	2	2	2	1	1	2	2	2	2	1	1	1	2	2
328	RS	2	1686	3	1	2	4	99	1,4	1	1,5	1	1	1	1	1	2,4	2,4	2,4	3	2	3	2	2	2	2	2	2	2	1	2	2	2
329	HK	2	1450	2	2	1	6	1	1	1	1	2	1	1	1	1	1	1	1	2	1	1	2	2	2	2	2	2	2	1	2	2	2
330	BK	2	1751	2	2	1	5	1	6	1,4	2,4,5	1	1	2	1	1	5	5	3	2	1	1	1	2	2	2	2	2	2	1	2	2	2
331	NS	2	1458	1	2	2	3	99	1,2	1,2	1,2	1	1	1	1	1	1,2	2	1,2	2	2	2	1	1	2	2	2	2	2	1	2	2	2
332	GS	2	1879	2	2	1	9	2	2,3	2	2,5	1	1	1	1	1	2	2	2	1	1	1	1	1	2	2	2	2	2	1	2	2	2
333	MS	2	1710	1	2	1	7	1	1,2	1,2	1,2	2	1	1	1	1	1,2	1,2	1,2	1	1	1	2	2	2	2	2	2	2	1	2	2	2
334	JK	2	1592	3	2	1	6	1	2,4	2	2,5	1	1	1	1	1	2,4	2	2	1	1	2	2	2	2	2	2	2	2	1	2	2	2
335	SK	2	1620	3	2	1	5	1	2,4	2,4	2,4	1	1	1	1	1	2,4	2,4	2,4	1	1	1	3	3	2	2	2	2	2	1	2	2	2
336	CK	2	1103	3	2	2	2	99	1,2	1,2	1,2	2	1	1	1	1	1,2	1,2	1,2	1	1	2	2	2	2	2	2	2	2	1	2	2	2
337	RS	2	1564	3	1	2	4	99	1	1	1,5	2	1	1	1	1	1	1	1	2	2	3	3	3	2	2	2	2	2	1	2	2	2
338	MK	2	1212	3	2	2	3	99	6	6	5	2	1	2	1	2	5	5	6	2	2	2	2	2	2	2	2	2	2	1	2	2	2
339	AK	2	1482	3	1	2	2	99	1,2	1,2	1,2	2	1	1	1	1	1,2	1,2	1,2	1	1	1	3	2	2	2	2	2	2	1	2	2	2
340	PK	2	870	3	2	1	7	1	2,4	2,4	2,4	2	2	2	2	2	2,3,4	2	2	2	2	3	3	3	2	2	2	2	1	1	1	2	1
341	ZS	1	2104	2	1	1	5	1	5	6	5	2	1	1	1	1	5	5	6	1	1	2	2	1	2	2	1	1	1	2	1	2	1
342	DK	2	1723	2	2	2	3	99	1,2	1,2	1,2	1	1	2	2	1	1,2	1,2	1,2	2	1	3	2	2	2	2	2	2	1	2	1	2	2
343	NS	2	1648	3	2	2	2	99	1,2	1,2	1,2	1	1	1	1	1	1,2	1,2	1,2	2	2	1	1	2	2	2	2	2	2	1	2	2	2
345	SS	2	1345	3	1	2	1	99	3	2	2	2	2	2	2	2	2	2	6	2	2	2	1	1	2	2	2	2	2	1	2	2	1
345	GK	2	1506	2	2	1	8	1	1,2,5	1,2	1,2,5	1	1	1	1	1	1,2	1,2	1,2	1	1	1	2	1	2	2	2	2	2	1	2	2	2
346	CS	2	2147	2	3	1	6	1	4	4	4,5	2	2	2	2	1	4	4	4	3	2	3	2	3	2	2	1	1	2	1	2	2	1
347	KK	2	740	1	2	1	7	1	1,2,5	1,2	1,2,5	2	1	1	1	2	1,2	1,2	1,2	1	1	2	2	2	2	2	2	2	2	1	2	2	2
348	MS	2	1713	3	1	2	4	99	2,3	2,3	2,3	1	1	1	2	1	1,2,4	1,2,4	1,2	2	2	2	2	3	2	2	2	2	2	1	2	2	2
349	NK	2	833	1	2	1	7	1	2	2	2	2	1	1	1	1	2	2	2	2	2	2	2	3	2	2	2	2	2	1	2	2	2
350	MS	2	1720	3	2	2	2	99	1,2,3	1,2	1,2	1	1	1	1	1	1,2	1,2	1,2	2	2	2	2	1	2	2	2	2	2	1	2	2	2
351	GK	2	1790	2	2	1	5	1	2	2	2	2	1	1	1	1	2	2	2	2	2	2	2	2	2	2	2	2	2	1	2	2	2
352	MS	2	1873	3	2	1	5	1	1,2	1,2	1,2	2	1	1	1	1	1,2	1,2	1,2	1	1	1	1	1	2	2	2	2	2	1	2	2	2
353	SK	2	1015	3	1	1	5	1	6	2	5	1	1	1	1	1	2	6	2,4	1	1	1	1	1	2	2	2	2	1	1	1	2	2
354	GC	2	1604	3	1	2	3	99	1,5	1	1,5	2	2	2	2	2	1	1	1	2	2	2	2	2	2	2	1	1	1	2	1	2	2	2
355	MK	2	1550	3	2	2	2	99	1,2	1,2	1,2	2	1	1	1	1	1	1	1	2	2	2	2	2	2	2	2	2	2	1	2	2	2
356	GK	2	1724	2	2	1	9	2	5	6	5	2	2	2	2	2	2	6	6	2	2	3	2	3	2	2	1	1	1	2	1	2	2
357	TS	2	1994	2	2	2	4	99	1,2	1,2	1,2	1	1	1	1	1	1,2	1,2	1,2	1	1	1	1	1	2	2	2	2	2	1	2	2	2
358	MK	1	1978	2	2	2	1	99	1,2	1,2	1,2	2	2	2	2	2	1,2	1,2	1,2	1	1	1	1	2	2	2	2	2	2	1	2	2	2
359	JS	2	1726	1	1	2	2	99	1,2,3	1,2	1,2	2	1	1	1	1	1,2	1,2	1,2	1	1	1	1	1	2	2	2	2	2	1	2	2	2
360	JK	2	1056	3	1	2	3	99	2	2	2	2	1	1	1	1	2	2	2	1	1	1	2	2	2	2	2	2	2	1	2	2	2
361	KS	2	1700	3	1	1	7	1	3,4	3,4	3,4	1	1	1	2	2	6	6	6	2	2	2	2	2	2	2	1	1	2	1	2	2	2
362	HK	2	1752	2	2	2	4	99	6	2	2	1	1	1	1	1	2	5	2	2	2	2	1	1	2	2	2	2	2	1	2	2	2
363	MK	1	2001	2	2	2	2	99	1,2	1,2	1,2	1	1	1	1	1	1,2	1,2	1,2	1	1	1	1	1	2	2	2	2	2	1	2	2	2
364	RK	2	1340	1	2	2	3	99	1,2	1,2	1,2	1	1	1	1	1	1,2	1,2	1,2	1	1	1	1	1	2	2	2	2	2	1	2	2	2
365	P	2	1658	3	2	2	1	99	2	2	2	1	1	1	1	1	2	2	2	1	1	1	3	3	2	2	2	2	2	1	2	2	2
366	HK	2	1352	2	1	2	4	99	1,2	1,2	1,2	1	1	1	1	1	1,2	1,2	1,2	1	1	1	2	2	2	2	2	2	2	1	2	2	2
367	MS	2	1296	3	2	1	9	2	2	2	2	1	1	1	1	1	2	2	2	2	2	2	2	2	2	2	1	1	1	2	1	2	2
368	PS	2	1982	2	1	1	8	1	1	1	1	2	2	2	2	2	1	1	1	3	3	3	3	3	1	1	1	1	2	1	2	2	1
369	JK	2	1880	2	2	1	10	2	1	1	1,5	2	1	1	1	1	1	1	1	2	2	2	2	2	2	2	2	2	2	1	2	2	2
370	BK	2	1254	1	1	2	2	99	1,2,3,4	1,2,3,4	1,2,3,4	2	1	1	1	1	1,2	1,2	1,2	1	1	1	1	1	2	2	2	2	2	1	2	2	2
371	NS	2	1548	3	1	1	5	1	1,2	1,2	1,2	1	1	1	1	1	1,2	1,2	1,2	1	1	1	1	1	2	2	2	2	2	1	2	2	2
372	HK	2	1542	3	2	2	3	99	1,2	1,2	1,2	2	1	1	1	1	1,2	1,2	1,2	2	2	2	2	2	2	2	2	2	2	1	2	2	2
373	HS	2	1402	1	1	2	2	99	1,6	1	1,5	2	1	1	1	1	1	1	1	2	2	2	1	1	2	2	2	2	2	1	2	2	2
374	BK	2	1143	3	1	1	5	1	2	2	2	2	1	1	1	1	2	6	2	2	2	1	1	1	2	2	2	2	2	1	2	2	2
375	JS	1	2419	2	2	2	1	99	1,2,3,4	1,2,3,4	1,2,3,4	2	1	1	1	1	1,2	1,2	1,2	1	1	2	2	2	2	2	2	2	2	1	2	2	2
376	SS	2	1942	3	2	1	6	1	1,2,4	1,2,4	1,2,4	2	1	1	1	1	1,2,4	1,2,4	1,2,4	1	1	1	3	3	2	2	2	2	2	1	2	2	2
377	BS	1	1888	2	1	1	7	1	2,4	2,4	2,4	1	1	1	1	2	2,4	2,4	6	2	2	1	2	1	1	1	1	1	1	1	2	1	2	1
378	GK	1	1120	1	2	2	3	99	1,2,5	1,2	1,2,4	1	1	1	1	1	1,2,4	1,2	1,2	1	1	1	1	1	2	2	2	2	2	1	2	2	2
379	KS	2	1600	1	2	2	4	99	1,2,4	1,2,4	1,2,4	1	1	1	1	1	1,2,3,4	1,2,3,4	1,2,3,4	2	2	3	2	2	2	2	2	2	2	1	2	2	2
380	MS	2	2057	2	2	1	8	1	5	6	5	2	1	1	1	1	4	2,4	6	3	1	1	2	2	1	1	1	1	1	2	1	2	1
381	BS	2	1859	3	1	1	5	1	1,2	1,2	1,2	1	1	1	1	1	1,2,4	1,2,4	1,2	1	1	1	1	1	2	2	2	2	2	1	2	2	2
382	MS	1	1651	1	2	1	6	1	5	2	5	2	2	2	2	2	2	5	6	3	3	3	2	3	1	1	1	1	1	2	1	2	1
383	MK	2	1144	3	2	2	3	99	1,2	1,2	1,2	2	1	1	1	1	1,2	1,2	1,2	2	2	2	2	2	2	2	2	2	2	1	2	2	2
384	BS	2	1965	2	1	2	1	99	2	2	2	1	1	1	1	1	2	2	2	2	2	2	2	2	2	2	2	2	2	1	2	2	2
385	MS	2	1937	2	1	2	4	99	2,3,5	2	2,3	1	1	1	1	1	2	2	2	1	1	1	1	1	2	2	2	2	2	1	2	2	2
386	JK	2	1668	2	2	1	5	1	1,2	1,2	1,2	2	1	1	1	1	1,2	1,2	1,2	1	1	2	2	2	2	2	2	2	2	1	2	2	2
387	JS	2	1870	3	2	1	5	1	1,2	1,2	1,2	2	1	1	1	1	1,2,3	1,2	1,2	1	1	1	2	3	2	2	1	1	1	2	1	2	2
388	MS	2	2165	2	2	2	3	99	1,2,3,4	1,2,3,4	1,2,3,4	2	1	1	1	1	1,2,3,4	1,2	1,2	2	2	2	2	2	2	2	2	2	2	1	2	2	2
389	DK	2	1460	3	1	1	7	1	2	2	2	2	1	1	1	1	2	2	2	1	1	1	2	2	2	2	2	2	2	1	2	2	2
390	KPS	2	1719	3	1	2	1	99	1,2	1,2	1,2	1	1	1	1	1	2	2	2	1	1	1	1	1	2	2	2	2	2	1	2	2	2
391	CK	2	1230	3	2	2	4	99	1,2	1,2	1,2	2	1	1	1	1	1,2	1,2	1,2	1	1	1	1	1	2	2	2	2	2	1	2	2	2
392	DS	2	2210	2	1	1	5	1	1,2	1,2	1,2	1	1	1	1	1	1,2	1,2	1,2	1	1	1	1	1	2	2	2	2	2	1	2	2	2
393	HK	2	2030	2	2	2	2	99	2	2	2	2	1	1	1	1	1,2	1,2	1,2	2	2	3	2	1	2	2	2	2	2	1	2	2	2

Sr.No	Name Initials	Pref for Tt	Health facility availed when sick	Why not government facility	Distance	Transport	Time	Accompanying person	Routine Med	Adherence to med	Irregular due to	Self medication	Medical expenditure per month	expenditure borne by	Awareness of health insurace	if yes	enrolled	scheme	MEMBERS INCLUDED	yearly payment	benefits availed	availed why	why not enrolled	quality of life
327	US	2,3	1,2	99	1,5	1	1,5	3	1	1	99	2	3	1	1	1	1	3	2	4	1	1	99	1
328	RS	1,3	1,3,4,5	99	1,4,5	1	1,4,5	3	1	2	5,6	2	2	1	1	1	1	1	2	6	2	99	99	2
329	HK	1,2,3,4	2,3,5	3	1	1	1	3	2	99	99	2	1	1	2	99	2	99	99	99	99	99	1	2
330	BK	3	1,2,5	99	5	1	5	1	1	2	1	2	1	1	1	1	1	1	2	1	1	2	99	3
331	NS	2,3	4,5	3	3	1	3	3	1	2	2	1	1	2	2	99	2	99	99	99	99	99	1	2
332	GS	1,3,4	1,2,4	99	1,3	1	1,3	2	2	99	99	2	1	1	1	1	1	1	2	6	2	99	99	2
333	MS	1,3	1,2,3,4,5	99	1,3	1	1,3	1	1	2	3	1	1	2	2	99	2	99	99	99	99	99	1	3
334	JK	1,3	2,3	11	3,5	1	3,5	1	2	99	99	2	1	2	2	99	2	99	99	99	99	99	1	2
335	SK	1,3	2,5	3	1,3	1	1,3	1	1	1	99	2	3	2	2	99	2	99	99	99	99	99	1	2
336	CK	1,3,4	1,2,3,4	99	5	1	5	1	1	2	3,5	2	2	1	2	99	2	99	99	99	99	99	1	2
337	RS	1,3	1,2,5	99	3,4	1	3,4	2	1	1	99	1	1	1	1	1	1	3	2	3	1	1	99	3
338	MK	3	2	3	3,4	1	3,4	3	2	99	99	1	1	2	2	99	2	99	99	99	99	99	1	4
339	AK	3.4	2,3	9	1	1	1	3	2	99	99	1	1	2	1	1	1	1	2	6	2	99	99	1
340	PK	1,2	1,2	99	3,5	1	3,5	1	1	2	3,4	2	2	2	2	99	2	99	99	99	99	99	1	3
341	ZS	1,3	3,5	9	1,5	1	1,5	3	2	99	99	2	1	2	1	1	1	3	2	3	2	99	99	2
342	DK	1,2,3	1,2	99	5	1	5	1	1	2	2	2	3	2	1	1	1	3	2	4	1	1	99	2
343	NS	1,2,3,4	2,3,5	9	1	1	1	3	1	2	3	2	1	1	1	1	2	99	99	99	99	99	7	2
345	SS	1,3,4	2,3,5	3	3	1	3	3	1	2	2	2	1	2	2	99	2	99	99	99	99	99	1	2
345	GK	3	2	3,10	5	1	5	1	1	1	99	1	4	1	1	1	2	99	99	99	99	99	6	1
346	CS	1,3,4,5	1,3,4,5	99	3,5	1	3,5	1	2	99	99	2	1	2	2	99	2	99	99	99	99	99	1	3
347	KK	1,3	1,2,3,4,5	99	3,5	1	3,5	1,2	1	2	1,3	2	1	2	2	99	2	99	99	99	99	99	1	2
348	MS	3	1,2	99	3,5	1	3,5	3	1	1	99	2	3	2	1	1	2	99	99	99	99	99	7	2
349	NK	3	5	5	3	1	3	1	1	2	5	2	2	2	2	99	2	99	99	99	99	99	1	3
350	MS	1,3	3,5	9	1	1	1	1	2	99	99	2	1	2	2	99	2	99	99	99	99	99	1	2
351	GK	1,2,3	1,2,3	99	1	1	1	1	1	1	99	1	1	2	2	99	2	99	99	99	99	99	1	2
352	MS	1,2	1,2,3	99	1	1	1	1	2	99	99	1	1	2	1	1	1	3	2	3	2	99	99	2
353	SK	2,3	5	9	1	1	1	3	2	99	99	2	1	2	2	99	2	99	99	99	99	99	1	2
354	GC	3	1,3,5	99	1,2	1	1,2	3	2	99	99	2	1	1	2	99	2	99	99	99	99	99	1	2
355	MK	1,3	5	9	1	1	1	3	2	99	99	2	1	2	2	99	2	99	99	99	99	99	1	3
356	GK	1,2,3	1,3,4,5	99	1	1	1	3	2	99	99	2	2	1	1	1	2	99	99	99	99	99	2	4
357	TS	3,4	1,2,3,4,5	99	3	1	3	1	1	1	99	1	1	1,2	2	99	2	99	99	99	99	99	1	2
358	MK	1,3	1,2	99	4,5	1	4,5	1	1	2	3	2	3	2	2	99	2	99	99	99	99	99	1	3
359	JS	3	5	4	1	1	1	2	2	99	99	1	2	1	1	1	2	99	99	99	99	99	2	1
360	JK	1,3	1,2,3,4,5	99	1,5	1	1,5	1	1	2	1	2	2	1,2	1	1	1	1	2	2	1	1	99	2
361	KS	1,2,3,4	1,3,5	99	1	1	1	3	1	2	1	1	1	1	2	99	2	99	99	99	99	99	1	2
362	HK	1,3	1,2,5	99	3,5	1	3,5	3	2	99	99	2	1	2	2	99	2	99	99	99	99	99	1	1
363	MK	1,3	1	99	5	1	5	1	1	2	5,6	1	2	2	1	1	2	99	99	99	99	99	a	2
364	RK	3	1,2,3	99	1,Z	1	1	1	2	99	99	1	1	1	1	1	2	99	99	99	99	99	2	2
365	P	1,3,4,5	1,3,4,5	99	1,2	1	1,2	1	2	99	99	1	1	2	2	99	2	99	99	99	99	99	1	2
366	HK	3	1,2,5	99	3	1	3	1	1	2	3	2	1	2	1	1	1	1	2	2	1	2	99	2
367	MS	1,3	1,2,4,5	99	2	1	2	1	2	99	99	1	1	1	1	1	1	1	2	6	2	99	99	1
368	PS	1,3,4	1,2,3,4,5	99	1,5	1	1,5	3	2	99	99	2	1	1	1	1	1	1	2	6	2	99	99	3
369	JK	1,3	1,2,5	99	1,3	1	1,3	3	2	99	99	1	2	2	1	1	1	1	2	6	2	99	99	2
370	BK	3,4	3,5	9	3	1	3	2	2	99	99	1	1	1	1	1	1	1	2	6	2	99	99	2
371	NS	3	5	9	1	1	1	3	2	99	99	1	1	2	1	1	1	1	2	6	2	99	99	2
372	HK	1,2,3	1,3,4,5	99	1	1	1	1	1	2	4	1	2	1	2	99	2	99	99	99	99	99	1	3
373	HS	1,3	1,2	99	5	1	5	1	1	2	4	1	2	2	1	1	1	3	2	4	2	99	99	2
374	BK	1,2,3	1,2	99	3	1	3	2	1	2	3	2	1	1	2	99	2	99	99	99	99	99	1	3
375	JS	1,2	1,2,3,4,5	99	1,4	1	1,4	1	1	1	99	1	1	1	2	99	2	99	99	99	99	99	1	3
376	SS	3	1,2	99	3,4	1	3,4	1	1	1	99	2	3	2	2	99	2	99	99	99	99	99	1	3
377	BS	1,3,4	1,3,4,5	99	1,5	1	1,5	3	1	2	1	2	1	2	2	99	2	99	99	99	99	99	1	3
378	GK	1,2,3,4	1,2,5	99	1	1	1	3	1	1	99	1	1	2	1	1	1	1	2	2	2	99	99	3
379	KS	2,3,4	1,2,5	99	1	1	1	3	1	2	3,5	1	1	1	2	99	2	99	99	99	99	99	1	2
380	MS	1,3	1,5	99	1	1	1	3	1	2	1,5	2	2	1	2	99	2	99	99	99	99	99	1	4
381	BS	1,3	1,3,5	99	1	1	1	3	2	99	99	2	1	1	2	99	2	99	99	99	99	99	1	1
382	MS	1,3	1,2,5	99	4	1	4	3	1	2	2	2	1	1	1	1	1	1	2	6	2	99	99	2
383	MK	1,3	2,3,5	3	3,5	1	3,5	1	1	2	3,6	2	2	2	2	99	2	99	99	99	99	99	1	2
384	BS	1,3	1,2,3,5	99	1	1	1	3	2	99	99	2	2	2	1	1	2	99	99	99	99	99	6	1
385	MS	,2,3	1,2	99	1,4	1	1,4	3	2	99	99	2	1	1	1	1	2	99	99	99	99	99	10	1
386	JK	1,3	2,3,5	10	2	1	2	1	1	2	3	2	2	2	2	99	2	99	99	99	99	99	1	3
387	JS	1,2,3,4	1,2,3,4,5	99	3	1	2	1	1	2	4,5	2	1	2	2	99	2	99	99	99	99	99	1	2
388	MS	1,3,4	1,2,3,4,5	99	3	1	2	1	2	99	99	2	2	2	2	99	2	99	99	99	99	99	1	3
389	DK	2,3	5	3	3	1	2	1	1	2	2	2	1	2	1	1	1	1	2	6	2	99	99	2
390	KPS	1,3	1,2,5	99	1,3	1	2,3	3	2	99	99	2	1	2	1	1	1	1	2	6	2	99	99	1
391	CK	4,5	5	9	1	1	1	3	2	99	99	1	1	2	2	99	2	99	99	99	99	99	1	3
392	DS	1,3	1,2,5	99	3	1	3	1	2	99	99	1	1	2	2	99	2	99	99	99	99	99	1	2
393	HK	1,3	2,5	9	2	1	2	1	2	99	99	1	2	2	2	99	2	99	99	99	99	99	1	1

Sr.No	Name Initials	Village	Age	Age group	Gender	Religion	Caste	Marital Status	liv/Nliv with spouse	Edu(self)	Occ	Occ(working/not working)	Family type	INCOME	Total Inc	livelihood	SES	Med Conditions	chronic conditon present/absent	Past His	Addictions	if yes	Sleep	Menopause	Menopause	Pulse	RR	BP	Height	weight	BMI	BMI CLASSIFICATION	WHR	Pallor	Cyn	ict	clubb
394	SS	Siahar	67	1	1	2	2	1	1	1	4	1	2	30K	5	2	2	3,9,13	1	8	2	99	2	0	99	80	12	118/70	167	55	19.70	2	10.94	1	2	2	2
395	DS	Siahar	83	3	1	2	2	4	2	2	8	2	2	15k	3	2,3	2	9,12,14	2	99	2	99	2	0	99	89	16	162/84	170	55	19.00	2	0.97	1	2	2	2
396	RS	Siahar	61	1	1	2	3	1	1	1	4	1	2	12k	3	2,3	2	9	2	8	1	4	1	0	99	78	13	198/80	172	65	22.00	2	0.96	1	2	2	2
397	HS	Siahar	80	3	2	2	2	3	2	4	7	1	2	30K	5	2,3	3	14	2	1,8	2	99	2	48	3	85	14	132/78	150	41.3	18.40	1	0.85	2	2	2	2
398	HS	Siahar	65	1	1	2	2	1	1	2	1	1	2	38K	5	2	3	14,a	2	8	1	2	2	0	99	80	13	156/92	169	72	25.20	4	0.97	2	2	2	2
399	GK	Siahar	75	2	2	2	3	3	2	4	7	1	2	20k	3	2,3	2	2,7,14,18	1	99	2	99	2	46	3	76	13	158/88	159	45	17.80	1	0.95	1	2	2	2
400	PS	Siahar	75	2	1	2	2	1	1	4	1	1	2	30K	5	2	2	3,13	1	8	1	2	2	0	99	74	13	156/94	167	75	26.90	4	0.98	1	2	2	2
401	AK	Siahar	70	2	2	2	2	3	2	1	7	1	2	35K	5	2,3	3	9,14	2	1	2	99	2	52	4	67	10	100/68	151	53	23.20	3	1	1	2	2	2
402	SK	Jagera	70	2	2	2	3	1	1	4	7	1	2	20k	3	2,3	2	2,4,18	1	99	2	99	1	48	3	62	11	178/98	155	60	25.00	4	1.01	2	2	2	2
403	BS	Jagera	90	3	1	2	3	4	2	4	8	2	2	15k	3	2	2	5,12,14,15,18	1	1	2	99	2	0	99	65	10	110/72	187	71	20.30	2	1.03	1	2	2	2
404	DS	Jagera	96	3	1	2	1	1	1	1	8	2	2	40K	5	2,3	3	4,5,12,18	1	1,8	2	99	2	0	99	70	10	146/78	165	51.4	18.70	2	0.97	1	2	2	2
405	JS	Jagera	78	2	1	2	1	4	2	4	7	1	2	40K	5	2	3	1,2,18	1	5,6,8	2	99	2	0	99	89	15	178/98	172	68	23.00	3	0.99	2	2	2	2
406	BS	Jagera	62	1	1	2	2	1	1	1	2	1	2	30k	4	2	2	4,14,18	1	9	1	2	2	0	99	79	13	168/80	170	75	26.00	4	1.01	1	2	2	2
407	PS	Jagera	62	1	1	1	3	1	1	4	4	1	2	32K	5	2,3	2	14	2	99	2	99	2	0	99	75	12	154/96	177	83	26.50	4	1.02	1	2	2	2
408	AS	Jagera	69	1	1	2	2	1	1	2	7	1	2	30K	5	2	2	a	2	1	2	99	2	0	99	75	12	178/94	169	70	24.50	3	1	1	2	2	2
409	ZS	Jagera	71	2	1	2	1	1	1	2	7	1	2	38K	5	2	3	4,5,7,18	1	99	2	99	2	0	99	78	15	140/88	166	65	23.60	3	1	1	2	2	2
410	PK	Jagera	65	1	2	2	2	1	1	1	7	1	2	40K	5	2	3	14,19	2	2	2	99	2	49	3	72	14	136/80	149	59	26.60	4	0.99	2	2	2	2
411	HK	Jagera	80	3	2	2	1	3	2	4	7	1	2	35K	5	2,3	3	2,13,18	1	2	2	99	2	51	4	76	14	148/76	154	61	25.70	4	1.01	1	2	2	2
412	RK	Jagera	80	3	1	1	2	4	2	4	7	1	2	15k	3	2,3	2	1,3,4,18	1	8	2	99	2	0	99	60	11	154/90	158	54	21.60	2	0.92	2	2	2	2
413	SK	Jagera	81	3	2	2	2	3	2	4	8	2	2	30k	4	2,3	3	1,18,19	1	8	2	99	2	44	2	62	11	152/88	157	40	16.20	1	0.94	2	2	2	2
414	CK	Jagera	65	1	2	2	1	3	2	2	7	1	2	55K	5	2	3	3,4,5,13	1	1	2	99	2	44	2	84	13	162/94	159	86	34.00	4	0.95	1	2	2	2
415	BK	Jagera	68	1	2	2	3	1	1	1	7	1	2	20k	3	2,3	2	4	1	1	2	99	2	46	3	68	11	110/60	154	45	19.00	2	0.94	1	2	2	2
416	HK	Jagera	79	2	2	2	1	3	2	4	7	1	2	50K	5	2	3	1,3,13,18	1	5,6	2	99	2	48	3	80	13	170/98	160	90	35.20	4	0.88	2	2	2	2
417	AS	Jagera	65	1	1	2	2	1	1	2	7	1	2	32K	5	2,3	2	6,12	1	3	2	99	1	0	99	77	13	128/70	172	60	20.30	2	0.92	1	2	2	2
418	AS	Jagera	81	3	1	2	2	1	1	2	1	1	2	24k	4	2,3	2	7,8,13	2	1	2	99	2	0	99	63	10	128/78	165	57	20.90	2	0.88	2	2	2	2
419	MS	Jagera	65	1	1	2	1	1	1	2	1	1	1	40K	5	2	3	2,3,5,9,18	1	1	2	99	2	0	99	72	13	170/90	159	67	26.50	4	1.01	2	2	2	2
420	MK	Jagera	88	3	2	2	2	3	2	4	8	2	2	10k	2	2	3	1,5,13,18	1	1	2	99	1	45	3	83	14	176/84	NA	NA	NA	NA	NA	2	2	2	2
421	HK	Jagera	68	1	2	2	2	1	1	1	7	1	1	30K	5	2,3	3	1,2,5,13	1	1,5	2	99	2	35	1	70	12	188/100	168	93	33.00	4	1.06	2	2	2	2
422	RK	Jagera	64	1	2	2	2	1	1	4	7	1	2	20k	4	2,3	2	20	1	8	2	99	2	47	3	84	15	100/64	161	55	21.20	2	0.9	2	2	2	2
423	MS	Jagera	65	1	1	2	1	1	1	3	2	1	2	40K	5	1,2	3	14	2	8	2	99	2	0	99	76	13	128/70	160	50	19.50	2	0.95	2	2	2	2
424	PS	Jagera	70	2	1	1	1	1	1	3	1	1	2	50K	5	2,3	3	2,3,18	1	1,8	2	99	2	0	99	84	14	160/89	172	100	33.80	4	1.1	1	2	2	2
425	RK	Jagera	70	2	2	2	1	1	1	3	7	1	2	65K	5	2	4	2,3,7,13,18	1	1	2	99	2	45	3	89	15	164/88	164	67	24.90	4	1.1	1	2	2	2

Sr.No	Name Initials	edema	Calories	calorie intake	Mental State	Depression	Depression score	Depression classification	Need to talk	Help in crisis	Comfort by	HOF (now)	Role in family	Anyone depends on	Domestic responsibility	Leisure Time	Physical support	Economic support	Likes to stay	Children visits	Relative visits	Neighbour visits	Gatherings	Worship place	physically harmed	bad names	yelled	VERBAL ABUSE	money/assets against will	access to own money	FIANANCIAL ABUSE	keeps starving	keeps aloof
394	SS	2	1694	1	1	2	3	99	1,2,3,4,5	1,2	1,2,3,4,5	1	1	1	1	1	1,2	1,2	1,2	1	1	2	1	1	2	2	2	2	2	1	2	2	2
395	DS	2	1126	1	1	2	1	99	2,3,4,5	2	2,4,5	1	1	1	1	1	2	2	2	2	2	2	2	3	2	2	2	2	2	1	2	2	2
396	RS	2	1950	3	2	1	7	1	1,2,3,4	1,2,3,4	1,2,3,4	2	1	1	1	1	1,2	1,2	1,2	2	2	2	2	2	2	2	1	1	2	1	2	2	2
397	HS	1	991	1	2	2	4	99	2,3,4,5	2	2,5	2	1	1	1	1	2	2	2	1	1	1	2	2	2	2	2	2	2	1	2	2	2
398	HS	1	2309	2	1	1	5	1	1,3	1,3	1,3	2	1	1	1	1	1,2	1,2	1,2	2	2	2	1	1	2	2	2	2	2	1	2	2	2
399	GK	2	997	1	1	1	7	1	2	2	2	1	1	1	1	1	2	2	2	1	1	1	1	1	2	2	2	2	2	1	2	2	2
400	PS	2	1807	2	1	2	2	99	2	2	2	1	1	1	1	1	1,2	1,2	1,2	1	1	1	2	2	2	2	2	2	2	1	2	2	2
401	AK	2	1500	2	2	2	3	99	1,2	1,2	1,2	2	1	1	1	1	1,2	1,2	1,2	1	1	1	1	1	2	2	2	2	2	1	2	2	2
402	SK	1	1460	2	1	1	5	1	2,3,5	2	2,5	2	1	1	1	1	2,4	2	2	1	1	2	2	2	2	2	2	2	2	1	2	2	2
403	BS	2	1140	3	3	1	8	1	2	2	2	1	2	2	2	1	2	2	2	2	2	2	2	2	2	2	2	2	2	1	2	2	2
404	DS	2	842	1	2	2	1	99	1,2	1,2	1,2	2	2	2	2	2	1,2	1,2	1,2	1	1	2	1	1	2	2	2	2	2	1	2	2	2
405	JS	2	1676	3	2	1	8	1	2	2	2	2	1	1	1	1	2	2	2	1	1	3	3	3	2	2	2	2	2	1	2	2	2
406	BS	2	2257	2	1	1	5	1	1,2	1,2	1,2	2	1	1	1	1	1,2	1,2	1,2	1	1	1	2	2	2	2	2	2	2	1	2	2	2
407	PS	2	1956	3	2	1	5	1	1,2	1,2	1,2	2	1	1	1	1	1,2	1,2	1,2	2	2	2	3	3	2	2	2	2	2	1	2	2	2
408	AS	2	1856	3	1	2	2	99	1,2	1,2	1,2	1	1	1	1	1	1,2	1,2	1,2	2	2	2	2	2	2	2	2	2	2	1	2	2	2
409	ZS	2	1759	2	1	2	1	99	1,2	1,2	1,2	1	1	1	1	1	2	2	2	2	2	2	2	2	2	2	2	2	2	1	2	2	2
410	PK	2	2100	2	1	2	4	99	1,2	1,2	1,2	1	1	1	1	1	1,2	1,2	1,2	3	2	2	2	2	2	2	2	2	2	1	2	2	2
411	HK	2	1240	3	1	2	3	99	2	2	2	2	1	1	1	1	2	2	2	1	1	2	2	3	2	2	2	2	2	1	2	2	2
412	RK	2	1463	3	2	1	5	1	2	2	2	2	2	2	1	2	2	2	2	1	1	2	2	2	2	2	2	2	2	1	2	2	2
413	SK	2	751	1	1	2	2	99	2,3,5	2	2,5	2	1	1	1	1	2	2	2	2	2	2	2	3	2	2	1	1	2	1	2	2	2
414	CK	2	2103	2	1	1	5	1	2	2	2	1	1	1	2	2	2	2	2	1	1	2	2	3	2	2	2	2	2	1	2	2	2
415	BK	2	1845	2	1	1	5	1	1,2	1,2	1,2	1	1	1	1	1	1,2	1,2	1,2	1	1	1	1	1	2	2	2	2	2	1	2	2	2
416	HK	2	1555	2	2	1	7	1	1,2	2	2	1	1	1	1	2	2	2	2	1	1	2	2	1	2	2	2	2	2	1	2	2	2
417	AS	2	1720	1	1	1	7	1	1,2	1,2	1,2	2	1	1	1	1	1,2	1,2	1,2	2	2	2	2	2	2	2	2	2	2	1	2	2	2
418	AS	2	1500	2	2	1	5	1	3,4	3,4	3,4	2	2	2	2	1	1,2	1,2,3,4	1,2	2	3	2	1	3	2	2	2	2	2	1	2	2	2
419	MS	2	1893	3	1	2	4	99	3	3,4	3,4	1	1	1	1	1	3,4	3,4	3,4	2	2	2	2	2	2	2	2	2	2	1	2	2	2
420	MK	1	1356	2	1	2	1	99	2	2	2	2	1	1	1	1	2	2	2	3	3	3	2	3	2	2	2	2	2	1	2	2	2
421	HK	2	1947	2	1	2	3	99	4	1,4	4,5	2	1	1	1	1	1,4	1,4	1,4	2	2	2	2	2	2	2	2	2	2	1	2	2	2
422	RK	2	1334	1	2	2	3	99	1,5	1,2	1,2	2	1	1	1	2	1,2	1,2	1,2	1	1	2	2	2	2	2	2	2	2	1	2	2	2
423	MS	2	1675	1	1	2	3	99	1,2,3	1,2	1,2,3	1	1	1	1	2	1,2	1,2	1,2	1	2	3	1	1	2	2	2	2	2	1	2	2	2
424	PS	2	2003	2	1	2	3	99	3	2,3	3,5	1	1	1	1	1	4	4	1,2,3,4	2	2	2	2	1	2	2	2	2	2	1	2	2	2
425	RK	1	1378	2	1	2	1	99	2,4,5	1,2	2,4,5	2	1	1	1	1	4	1,2	1,2	1	1	1	2	2	2	2	2	2	2	1	2	2	2

Sr.No	Name Initials	Pref for Tt	Health facility availed when sick	Why not government facility	Distance	Transport	Time	Accompanying person	Routine Med	Adherence to med	Irregular due to	Self medication	Medical expenditure per month	expenditure borne by	Awareness of health insurace	if yes	enrolled	scheme	MEMBERS INCLUDED	yearly payment	benefits availed	availed why	why not enrolled	quality of life
394	SS	1,3,4	1,2,3,4,5	99	1,3	1	1,3	3	1	2	2,6	1	1	1	2	99	2	99	99	99	99	99	1	2
395	DS	2,3,4	3,5	2,5	1	1	2,5	2	2	99	99	2	1	2	2	99	2	99	99	99	99	99	1	2
396	RS	1,3,4	1,2,34,5	99	3,4	1	3,4	1,2	2	99	99	2	1	1	1	1	1	1	2	6	2	99	99	3
397	HS	1,3,4	2,3,4,5	9	3	1	2	1	1	2	3,5,6	2	1	2	2	99	2	99	99	99	99	99	1	2
398	HS	1,3,4	1,2,3,4,5	99	2	1	2	3	1	2	3,4	1	1	1	2	99	2	99	99	99	99	99	1	3
399	GK	3	1,5	99	1	1	1	1	1	1	99	2	2	2	2	99	2	99	99	99	99	99	1	3
400	PS	1,3	2,5	5	1,5	1	1,5	3	1	1	99	1	2	1	2	99	2	99	99	99	99	99	1	2
401	AK	1,3,4	2,5	3	1	1	1	1	2	99	99	1	1	2	2	99	2	99	99	99	99	99	1	2
402	SK	3	2,3,5	3	3,5	1	3,5	1	1	2	3	1	2	1,2	1	1	1	1	2	6	2	99	99	2
403	BS	1,3	2,3,5	9	1	1	1	1	1	2	2,4	2	1	2	2	99	2	99	99	99	99	99	1	2
404	DS	1,3	1,3,5	99	1	1	1	1	2	99	99	1	1	2	2	99	2	99	99	99	99	99	1	2
405	JS	1,2,3,4	2	9	4	1	4	3	1	1	99	1	3	2	2	99	2	99	99	99	99	99	1	1
406	BS	1,2,3,4	1,2,3,4,5	99	1,2,4	1	1,2,4	1	2	99	99	2	1	2	2	99	2	99	99	99	99	99	1	1
407	PS	3	3,5	11	1	1	1	3	2	99	99	2	1	1	1	1	2	99	99	99	99	99	2	1
408	AS	3	1,2,5	99	3	1	2,3	1	2	99	99	1	1	2	2	99	2	99	99	99	99	99	1	1
409	ZS	1,3	3,5	5	1	1	2	3	2	99	99	2	2	2	2	99	2	99	99	99	99	99	1	2
410	PK	1,3,4	2,5	9	1,3	1	1,3	1	2	99	99	2	1	1	1	1	1	1	2	6	2	99	99	3
411	HK	1,3	2,5	9	4	1	4	1	1	1	99	1	1	2	2	99	2	99	99	99	99	99	1	2
412	RK	3	1,3,5	99	3,5	1	3,5	1	1	1	99	2	2	2	2	99	2	99	99	99	99	99	1	3
413	SK	1,3	2	4	3,5	1	3,4	1	1	1	99	2	3	2	1	1	1	1	2	6	2	99	99	1
414	CK	1,3	1,5	99	3	1	3	1	1	1	99	2	2	2	2	99	2	99	99	99	99	99	1	2
415	BK	1,3	1,2,5	99	1,2	1	1,2	1	1	1	99	2	1	2	2	99	2	99	99	99	99	99	1	2
416	HK	1,3	2,5	3	3,4	1	3,4	1	1	1	99	2	2	2	2	99	2	99	99	99	99	99	1	3
417	AS	1,3	2,3,4,5	9	1,2,5	1	1,2,5	1	1	2	1	2	3	2	2	99	2	99	99	99	99	99	1	4
418	AS	1,3	1,5	99	3	1	3	1	1	2	3,4	1	1	2	1	1	1	1	2	1	1	2	99	2
419	MS	3	1,2	99	1,2	1	1,2	2	1	2	3,4	1	2	1	1	1	1	1	2	1	1	2	99	2
420	MK	1,3,5	2,3,5	9	2,5	1	2,5	1	1	1	99	2	1	2	2	99	2	99	99	99	99	99	1	2
421	HK	3	1,2,5	99	3,5	1	3,5	1	1	1	99	2	3	2	1	1	1	1	2	2	2	99	99	2
422	RK	1,3,4	2,3,4,5	11	1,2	1	1,2	1	1	2	3	2	1	2	2	99	2	99	99	99	99	99	1	3
423	MS	1,3	1,5	99	2	1	2	3	2	99	99	1	1	2	1	1	2	99	99	99	99	99	6	3
424	PS	1,3	2	11	5	1	5	1	1	1	99	1	4	1	1	1	1	3	2	4	1	2	99	2
425	RK	1,3	2,5	9	5	1	5	2	1	1	99	1	3	2	1	1	2	99	99	99	99	99	a	2

Baba Farid University
of Health Sciences
Sadiq Road
Faridkot-151 203 (Pb). INDIA.
Phone : 01639-256232,256236
Tele/Fax : 01639-256235
Email – Examination@bfuhs.ac.in

No. BFUHS/2K19p-TH/ 10389 Date 5/9/19

The Principal,
DMC, Ludhiana.

Subject: **Approval of Plan of Thesis.**

This is to inform you that the Faculty of Medical Sciences in its meeting held on 29.05.2019 has approved the plan of thesis of **Prabhleen Kaur**, a student of your college for **MD Community Medicine** along with the names of Supervisor/Co-Supervisor as under:-

Topic Plan of Thesis

Health status and health care seeking behaviour of elderly in a rural area of Ludhiana: a community based study

Supervisor
Dr. Sangeeta Girdhar
Prof.,
Dept. of Community Medicine,
DMCH, Ludhiana.

Co-Supervisor
Dr. Anurag Chaudhary
Prof. & Head,
Dept. of Community Medicine,
DMCH, Ludhiana.

Dr. Sarit Sharma
Prof.,
Dept. of Community Medicine,
DMCH, Ludhiana.

The student has to submit the four copies of thesis (along with PDF format) , to the Controller of Examinations, BFUHS, Faridkot, at least six months before the commencement of theory examination, if he/she is otherwise eligible to take the examination. He /She must directed to attach a photocopy of this letter with the forwarding letter while submitting thesis to the University along with the letter of approval of University for change of supervisor/Co-Supervisor, change of topic,(if any).

EPSingh
Dr. S P Singh MS(Oph)
Controller of Examinations

Note :

1. *If any discrepancy found regarding topic of thesis or Supervisor/Co-Supervisor, inform undersigned within one month after issue of this letter.*
2. *The student may submit the thesis as per the schedule already conveyed i.e for May/June examination 30th Nov of the preceding the year of examination and for Nov/Dec examinations 31st May of the year of examination.*

Baba Farid University
of Health Sciences
Sadiq Road
Faridkot-151 203 (Pb). INDIA.
Phone : 01639-256232,256236
Tele/Fax : 01639-256235
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ABSTRACT OF PLAN OF THESIS

Title	HEALTH STATUS AND HEALTH CARE SEEKING BEHAVIOUR OF ELDERLY IN A RURAL AREA OF LUDHIANA: A COMMUNITY BASED STUDY
For the degree of	M.D. Community Medicine
Name of the candidate	Dr.Prabhleen Kaur
Supervisor	Dr.Sangeeta Girdhar Professor, Department of Community Medicine, DMCH, Ludhiana
Co-supervisor	Dr.Anurag Chaudhary Professor & Head, Department of Community Medicine, DMCH, Ludhiana Dr.Sarit Sharma Professor, Department of Community Medicine, DMCH, Ludhiana
Institution	Dayanand Medical College & Hospital, Ludhiana
University	Baba Farid University of Health Sciences, Faridkot

Introduction: Ageing is a naturally occurring inevitable and irreversible phenomenon. Population is ageing at a fast rate. As the age advances, there is decrease in the functional capacity affecting physical, mental and social health of the elderly. Their behaviour towards their health and disease affects their quality of life. Awareness about health insurance schemes and utilization of their benefits can help them to make better use of health services and hence improve their health.

Aim of Study: To study the physical, mental and social health, health care seeking behaviour and awareness and utilization of health insurance among elderly.

Materials & methods: This cross sectional study will be done among elderly residing in 15 villages in field practice area of Department of Community Medicine Dayanand Medical College and Hospital, Ludhiana. Physical morbidities will be self-reported while Geriatric Depression Score- short form will be applied to screen the elderly for depression. Elder abuse, health care seeking behaviour and health insurance will be assessed by using a pretested questionnaire. Quality of life will be assessed using PGI's Quality of Life scale

Keywords: Health status, Health care seeking behaviour, elderly.

(Signature)	(Signature)	(Signature)	(Signature)	(Signature)
Candidate	Co-supervisor	Co-supervisor	Supervisor	Principal

CERTIFICATE OF FACILITIES AVAILABLE

This is to certify that the facilities for work on the subject of thesis titled **"HEALTH STATUS AND HEALTH CARE SEEKING BEHAVIOUR OF ELDERLY IN A RURAL AREA OF LUDHIANA: A COMMUNITY BASED STUDY"** exist in the Department of Community Medicine, Dayanand Medical College and Hospital, Ludhiana and will be provided to the candidate. We will see that the data being included in the thesis are genuine and is collected by the candidate himself/herself under our supervision and guidance.

Supervisor

DR. SANGEETA GIRDHAR
Professor
Department of Community Medicine
DMCH, Ludhiana

Co-Supervisor

DR. ANURAG CHAUDHARY
Professor & Head
Department of Community Medicine
DMCH, Ludhiana

DR. SARIT SHARMA
Professor
Department of Community Medicine
DMCH, Ludhiana

DR. ANURAG CHAUDHARY
Professor & Head
Department of Community Medicine
DMCH, Ludhiana

Place: _____

Date: _____

APPROVAL PROFORMA
BY
RESEARCH & ETHICAL COMMITTEE
DAYANAND MEDICAL COLLEGE & HOSPITAL, LUDHIANA

Name of candidate	Dr.Prabhleen Kaur
Department	Community Medicine
Topic of Thesis	**HEALTH STATUS AND HEALTH CARE SEEKING BEHAVIOUR OF ELDERLY IN A RURAL AREA OF LUDHIANA: A COMMUNITY BASED STUDY**
Likely date of appearing in PG examination	MAY-JUNE 2021
Date of enrollment	10 MAY 2018
Name of Head of Department	Dr.Anurag Chaudhary
1) Supervisor **2) Co-Supervisor**	Dr.Sangeeta Girdhar Dr.Anurag Chaudhary Dr.Sarit Sharma
Signature of Members of Research Committee with Stamp	**Signature of Members of Ethics Committee with Stamp**
1. HOD Pharmacology	1. HOD Physiology
2. HOD Surgery	2. HOD Pathology
3. HOD Pathology	3. HOD Pharmacology
4. HOD Medicine	4. HOD SPM
5. Dean Academics	5. HOD Medicine
6. Vice Principal	6. HOD Surgery
	7. HOD Obst. & Gynae.
	8. Legal Expert
	9. Secretary, IEC
	10. Dean Academics
	11. Vice Principal
	12. Principal

Approved: Yes / No

Chairperson
Research Committee
Chairperson
Research Committee

Approved: Yes / ~~No~~

Chairperson
Ethics Committee
Chairperson

BABA FARID UNIVERSITY OF HEALTH SCIENCES, FARIDKOT

PROFORMA FOR REGISTRATION OF SUBJECT FOR DISSERTATION

1	NAME OF THE CANDIDATE AND ADDRESS	DR. PRABHLEEN KAUR WARD NO 11, GREEN AVENUE, ANANDPUR SAHIB ROAD, GARHSHANKAR, HOSHIARPUR, PUNJAB
2	NAME OF THE INSTITUTE	DAYANAND MEDICAL COLLEGE AND HOSPITAL, LUDHIANA
3	COURSE OF STUDY AND SUBJECT	M.D. COMMUNITY MEDICINE
4	DATE OF ADMISSION OF COURSE	10.05.2018
5	TITLE OF THE TOPIC	HEALTH STATUS AND HEALTH CARE SEEKING BEHAVIOUR OF ELDERLY IN A RURAL AREA OF LUDHIANA: A COMMUNITY BASED STUDY

6. BRIEF RESUME OF THE INTENDED WORK

6.1 NEED FOR THE STUDY

Ageing is universal, inevitable and irreversible process occurring during life time. It is a multidimensional process of physical, mental and social changes. Old age is marked by reduced physical ability and declining mental capability. Old age consists of ages nearing or surpassing the average life span of a human being. National Policy for Older Persons (NPOP) 1999recognizes elderly /senior citizen as an individual having age equal to more than 60 years.

Geriatric population is growing at a faster rate. Increase in life expectancy and changes in the demography such as decrease in mortality and fertility are the key elements for the exponential rise in old population. Globally, old people constitutes around 11.5% of total population of the world while in India elderly constitutes about 8.5%of the total population with 71% living in rural area. The percentage of geriatric population in Punjab is 9.7% and 68.3% of the elderly reside in rural Punjab.[1]

Ageing affects overall biological efficiency of the body. As people age, they experience many health related problems at same time. Elderly face dual health problems both communicable and non-communicable. Prince *et.al.* reported that 23% of global burden of disease is attributed to disorders in elderly. The leading causes of burden are cardiovascular diseases (30.3%), followed by neoplasms (15%) and lung diseases(9.5%).[2] Chronic diseases are leading causes of death among elderly in India which has increased over 25 years. Common chronic ailments like arthritis, hypertension, cataract and diabetes are more common in women while asthma and heart disease are more prevalent in men.[1] Infectious diseases including tuberculosis are the another causes of mortality among elderly in our country.[3]Functional disability is another major concern as the age advances. As per Census 2011,the disability rate is 51.8% per thousand elderly.[1]

Age is a key element in determining the mental health of elderly.The prevalence of mental and psychiatric disorders increases with age. Depression, anxiety, cognitive impairment and psychotic disorders are common. Prevalence of depression among geriatric population ranges from 6 to 53% worldwide. [4]

The social health of the elderly is equally vital that gets influenced by their relation with the family and social support. Old people get economically dependent on their families. The old age dependency ratio in India currently stands at 14.2%[5] and is expected to rise. Because of dependency elderly are often neglected and abused. Elder abuse takes many forms like physical, emotional, psychological and financial. Elderly with dementia are more prone to abuse. As explicated by WHO, around 1 in 6 people 60 years and older experienced some form of abuse in community settings during the past year. Elder abuse has serious consequences on their physical and psychosocial health.[6] The results of study by Help age India 2015 shows about half of the geriatric population in the country face some form of abuse, more in case of women than men.[7]

Lack of financial support, decreased or minimal utilization of health insurance and high rate of hospitalisation during old age results in out of pocket expenditure on health by the elderly. Indian ageing report 2017[1] states that awareness and use of health insurance policy offered by government is negligible among geriatric population of our country. Availing Health insurance schemes can reduce the financial burden and increase utilization of health care services.

The health outcome of the population is indirectly indicative of health care utilization and health care seeking behaviour among them. This behaviour depends on factors like total income, poverty, education, awareness regarding health, availability of health services, quality of health services, type and severity of illness and pre-existing beliefs.

As there is increase in life expectancy and various morbidities among the elderly, their quality of life gets affected. WHO defines QOL as an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations and concerns.[8]

Senior citizens are the essential segment of the society. Physical and mental morbidities are on rise in this age group. Elderly residing in rural area have lesser knowledge of health care services and are new to the concept of health insurance. There is a need to address various issues of elderly and study various factors responsible for limited health care utilization and restricted participation in health insurance schemes.

6.2 REVIEW OF LITERATURE

Geriatric age group is the fastest growing age group in the world, as stated in India ageing report 2017.[1] Better survival rates and increased life expectancy thereby declining mortality rates and declining fertility rates is responsible for this changing scenario.

Since the population is increasing alarmingly, the elderly age group is expected to constitute 22% of the total population by the year 2050 globally while in Indian scenario, the share of population over the age of 60 is projected to increase from 8% in 2015 to 19% in 2050. It is estimated that by the end of the century, the elderly will represent nearly 34%of the entire population.[1]

Population of elderly in India is 103.9 million with 51 million males and 52.8 million females.[5]

Geriatric age group is a vulnerable age group which requires special attention. The determinants of health are affected severely in this age group. Cellular degradation of various parts of the body affects all the systems of the body thereby making aged people vulnerable to environmental changes and at risk of disease and death. Age being a non-modifiable factor helps in development of various non-communicable diseases. Chronic diseases are the leading causes of death among elderly. Kaur *et.al.* (2017) conducted a study in North India and found that majority of the elderly (87.6%) had one or more diagnosed diseases. Maximum were the ocular problems (78.7%) followed by musculoskeletal disorders (71.6%) hypertension (52.4%), respiratory diseases (51.1%), gastrointestinal(36.9%),coronary artery disease(19.6%) and diabetes mellitus (11.6%).[9]

Similarly neuronal degeneration causes cognitive impairment, dementia, depression anxiety and other psychotic disorders.

Among the mood affective disorders, Depression in elderly is one of the commonest mental illnesses. A study was conducted in rural Haryana by Pitania*et.al.*(2017) reporting the prevalence of depression to be 14.4% among elderly having significant association with female gender.[10]

Elderly face various social problems neglect and abuse being the commonest ones. According to the study by Help age India 2015 on elder abuse, more than one fifth (22%) of the elderly have experienced any type of abuse with thisbeing reported highest in Bangalore (44%) followed by Hyderabad (38%) and Bhopal(30%).Verbal abuse is the most commonly reported abuse faced by the elderly from lowersocio economic strata while it was neglect reported by the elderly from higher socioeconomic strata in 2017.Abuse is reported more from the family members, with daughter in law and sonemerging as the major abusers.[11]

The behaviour of elderly towards their health and health care utilization is a determinant of their health outcome. Sharma *et.al.* (2013) conducted study in Shimla hills and reported that 65.8 % were seeking treatment for their health problems. Majority of the elderly (81.2%) preferred allopathic medicine followed by ayurvedic medicine (11.3%) and homeopathy medicine (7.3%) for their health problems. Most of the older persons preferred going to a PHC/CHC/Government hospital for treatment, also 12.5% of elderly took over the counter drugs. Elderly who did not seek treatment, considered age as the responsible factor and others found the services to be too far.[12]

Health insurance in India was launched in the year 1986. It provides coverage against high medical expenses that may arise due to illness and accidental injuries. Health insurance in India provides only inpatient hospitalization services and outpatient services were not payable.[13] Although people are getting aware of the concept of health insurance but it has not been able to reach the rural population. Madukumar*et.al*.(2012)

reported that only one third of the houses were aware of the health insurance and only 22% had health coverage in all the age groups.[14]

According to study by Help age India, only 22.8% were aware of health insurance scheme and 19.5% were insured .In Delhi, only 3% of population knew regarding insurance and even less were registered in any of the insurance policy.[7]

The quality of life has various dimensions. In a cross sectional study by Kritika *et.al*.(2017), education and financial dependency were found to be the possible determinants of overall quality of life in elderly. Variations were observed between quality of life facet score with financial status affecting two facets, gender and marital status affecting three facets each whereas education affecting 4 facets.[15]

Another cross sectional study by Karmakar*et.al*.(2018) revealed that the mean QOL score was maximum in social health domain (67.32 ± 15.30), followed by environmental health (51.64 ± 10.11), lowest was in psychological domain (44.29 ± 11.50). Better physical health domain score was found among participants <70 years age. Psychological health was better among Hindu and persons from nuclear family and higher socioeconomic class, whereas male, illiterate, and businessman had better social relationship. Environmental domain score was significantly better among primary educated, businessman, and higher socioeconomic class people.[16]

6.3 AIMS AND OBJECTIVES OF THE STUDY

1. To study the physical, mental and social health status of elderly in a rural area of Ludhiana, Punjab
2. To study the health care seeking behaviour of elderly
3. To assess the awareness and utilization of health insurance schemes by elderly.

7. MATERIALS AND METHODS

The present study is a community based cross sectional study. It will be carried out in the field practice area of Rural Health Training Centre Pohir, Block Dehlon, District Ludhiana, Punjab, India. This centre is an integral part of Department of Community Medicine, Dayanand Medical College and Hospital Ludhiana. It includes 15 villages where home based comprehensive health services are being provided.

7.1 Source of Data

Elderly, both males and females of 60 years and above residing in rural area of Ludhiana will be studied.

7.2 METHOD OF COLLECTION OF DATA

INCLUSION CRITERIA

Elderly of 60 years and above.

EXCLUSION CRITERIA

1. Non co-operative subjects
2. Subjects who refuse to participate

SAMPLE SIZE

Prevalence of various components of the study among elderly is variable ranging from 14.4% to 87.6%[9,10] as quoted by different studies. Therefore, the prevalence will be taken as 50% in order to estimate the maximum sample size for the study.

Applying the formula[17]

$$n=\frac{z^2p(1-p)}{d^2}$$

n= sample size

p= expected prevalence and proportion

d=precision rate

putting the values, $n = \frac{(1.96)^2(0.5)(0.5)}{(0.05)^2}$

n =384

Allowing the non-response rate of 10%, the sample size comes out to be 423.

However, 425 subjects will be included in our study.

SAMPLING TECHNIQUE

Systematic random sampling will be done for the selection of subjects. List of elderly residing in 15 villages will be made from the family folders. The family folders are maintained at RHC which contains data related to all families. The data is suggestive of the number of members in a family and their socioeconomic and health status.

First subject will be selected randomly by currency note method by considering the last digit of the currency. The subjects will be selected according to sampling interval. If the house is locked or the subject is not available at that time, he or she will be visited twice. If not available on two visits, the subject will be substituted by the consecutive subject on the list.

PROCEDURE OF DATA COLLECTION

The information will be collected through proforma by visiting the house of selected subject. The purpose of study will be explained to every subject and confidentiality of information will be assured. The proforma is divided into following sections:

1. Socio demographic profile
2. Medical history and General physical examination
3. Nutritional history
4. Mental state examination

5. Geriatric Depression Scale –short form
6. Social relations and social support
7. Elder abuse
8. Health care seeking behaviour
9. Health insurance
10. Quality of life assessment

PILOT STUDY

It will be done on 30 subjects by randomly choosing the subjects to test the feasibility of the proforma.

STUDY INSTRUMENTSIN DETAIL

SECTION 1. SOCIO DEMOGRAPHIC PROFILE

This will include the particulars of subject like name, age, gender, religion, caste, marital status, age of spouse, education, education of spouse,occupation, type of family, source of income/livelihood. It also includes Socio economic status assessment by using Modified Udai Pareek scale and scoring with results as given below

LOW <=16

LOW MIDDLE =17-25

HIGHMIDDLE =26-34

HIGH >34

SECTION 2. MEDICAL HISTORY

It will include self-reported morbidities, history of past illness, history of any surgery, personal history. General physical examination will also be done.

SECTION 3. NUTRITIONAL HISTORY

It is a simple proforma which will include the food items taken by the elderly, the quantity of food and number of calories taken in a day. This will be based on 24 hour recall method.

SECTION 4. MENTAL STATUS EXAMINTION

The mental status examination will be done using mental state questionnaire by Kahn *et.al.*[18] and adapted by Kohli *et.al*.[19] This is an instrument for measuring orientation to time, place, person, memory and general information. This will be adapted for the rural population of Punjab. It consists of simple 10 questions with the interpretation of the score as follows

0-2 errors : Good orientation

3-8 errors : Fair orientation

9-10 errors: Poor orientation

SECTION 5. ASSESSMENT OF DEPRESSION

Yesavage Geriatric Depression Scale :Short form[20] will be used to screen the elderly for depression. It consists of 15 items with total score of 15.Answer to item no 1,5,7,11,13 is a No while the rest of the answers are Yes. The scale has been translated into Hindi & Punjabi language. Cut off value is 5.

0-5= normal

>5=depression

SECTION 6. ASSESSMENT OF SOCIAL SUPPORT AND RELATIONS

The questionnaire designed by R.S Sarasa Kumari will be used.[21] It includes various questions on social relations , interactions and the social support

SECTION 7. ELDER ABUSE

It will be assessed by the self-structured questionnaire. Various forms like physical, verbal and financial abuse will be assessed.

SECTION 8.HEALTH CARE SEEKING BEHAVIOUR

A self-structured questionnaire will be used to inquire about their preference of medicine, reasons for not utilizing government health facilities, distance from health care facility, time taken to reach there, accompanying person with them, medical expenditure per month on consultation and medicines, self-medication, if the elderly is on regular medicine, adherence and compliance to the medication and adoption of any life style measure recommended to the elderly.

SECTION 9: HEALTH INSURANCE AMONG ELDERLY

This includes questions asking them about awareness and reasons for utilizing the health insurance schemes.

SECTION10: ASSESSMENT OF QUALITY OF LIFE

Quality of life will be assessed using the PGI scale of quality of life(revised form) given by Moudgil *et.al*.[22] It is in hindi language and has been translated into Punjabi language. The maximum scoring possible is 110 and minimum is 22. As per the Likert's scale, the standardized quality of life score has been divided into four categories.

110-89: Excellent

88-67: Good

66-45 : Fair

22-44: Poor

STUDY DURATION:

The study will be conducted from 1st March 2019 to 29th Feb 2020.

STASTICAL ANALYSIS:

Data will be described in terms of range; mean ±standard deviation (± SD), median, frequencies (number of cases) and relative frequencies (percentages) as appropriate. Comparison of quantitative variables between the study groups will be done using ANOVA. For comparing categorical data, Chi square ($\chi 2$) test will be performed and exact test will be used when the expected frequency is less than 5.A probability value (p value) less than 0.05 will be considered statistically significant. All statistical calculations will be done using SPSS (Statistical Package for the Social Science) SPSS 21.

7.3 DOES THE STUDY REQUIRE ANY INVESTIGATIONS OR INTERVENTIONS TO BE CONDUCTED ON PATIENTS OR OTHER HUMANS OR ANIMALS? IF SO, PLEASE DESCRIBE BRIEFLY.

No

7.4 HAS ETHICAL CLEARANCE BEEN OBTAINED FROM YOUR INSTITUTION IN CASE OF 7.3?

Attached herewith

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PROFORMA

S.NO	STRATIFICATION NO.	VILLAGE	DATE
SECTION 1	**SOCIO - DEMOGRAPHIC PROFILE**		
1. Name			
2. Age			
3. Sex	1. Male 2. Female		
4. Religion	1. Hindu 2. Sikh 3. Muslim 4. Christian 5. Others		
5. Caste	1. General 2. OBC 3. SC 4. Others		
6. Marital Status	1. Married 2. Unmarried 3. Widow/Widower 4. Divorced 5. Separated		
7. Age of spouse			
8. Years of education			
9. Years of education of spouse			
10. Occupation	1. Agriculture 2. Business 3. Service 4. Unskilled Labour 5. Skilled Labour 6. Professional 7. Household Work 8. Not Working		
11. Type of family	1. Nuclear 2. Joint		
12.Total income			
13. Source of Income/ Livelihood	1. Personal Income 2. Family 3. NGO's/ Govt. 4. No Source		

Socio Economic Status

(By Modified UdaiPareek Scale)

1. **Caste** : Upper Caste[3] / Artisan[2] / Lower Caste[1]

2. **Head of Family/ Husband's Occupation** : Cultivator[4] / Business[3] / Service[2]Labourer[1]

3. **Husbands Education** : Above Matric[4] / Matric[3] / Below Matric[2] / No Schooling[1]

4. **Wife's Occupation** :Serving outside for money[2]/Working at . . . home[1]

5. **Wife's Education** : Above Matric[4] / Matric[3] / Below Matric[2] / No Schooling[1]

6. **Family Type** : Joint[2] / Nuclear[1]

7. **Family size** : Large[3] / Medium[2] / Small[1]

8. **Land holding** : 21 acres and above[5] / 11-20[4] / 6-10[3] /1-5[2]/ no land[1]

9. **Farm assets** : 6-8[3] / 2-5[2] / 2[1]

10. **Household assets** : 8-11[3] / 4-7[2] /1-3[1]

11. **Type of houses** : Pacca[3] / Mixed[2] / Kacha[1]

12. **No. of rooms** : 3[3] / 2[2] / 1[1]

13. **Drinking water facility** : Piped[3] / Hand Pump[2] / Village pond[1]

SECTION 2: MEDICAL HISTORY

MEDICAL CONDITIONS	YES/NO	TREATMENT TAKEN	CURRENT STATUS OF TREATMENT (A-COMPLETED B-ONGOING C-NOT TAKEN)
Coronary artery disease Hypertension Diabetes Cataract Arthritis Cancer Fall Fracture Skin Problems COPD Epilepsy Urinary incontinence Constipation Acute respiratory illness Diarrhea Prolapse TB Others.			

HISTORY OF PAST ILLNESS & SURGERY

PERSONAL HISTORY:

1. Any addictions: Yes/No

If yes specify: smoking/alcohol/tobacco chewing/opium/others

2. No. of hours of sleep:

GYNAECOLOGICAL HISTORY:

Age of Menopause:

GPE:

Pulse rate:
Respiratory rate:
Blood pressure:
Height:
Weight:
BMI:
Waist hip ratio:
Pallor:
Cyanosis:
Edema:
Icterus:
Clubbing:

SECTION 3: NUTRITIONAL HISTORY: BY 1 DAY RECALL METHOD

FOOD ITEMS	TIME OF THE DAY	QUANTITY	NO OF CALORIES

SECTION 4: MENTAL STATE EXAMINATION

1. Where are you now?
2. Where is this place? Give the address
3. What is the date today and which day of the week is it?
4. Which month of the year is it?
5. What is your age?
6. Which year is it now?
7. When were you born? Date and month?
8. Which year were you born?
9. Who is the current chief minister of Punjab?
10. Who was the former chief minister of Punjab?

SECTION: 5 GERIATRIC DEPRESSION SCALE: SHORT FORM

1	Are you basically satisfied with your life?	Yes/No	
2	Have you dropped many of your activities and interests?	Yes/No	
3	Do you feel that your life is empty?	Yes/No	
4	Do you often get bored?	Yes/No	
5	Are you in good spirits most of the time?	Yes/No	
6	Are you afraid that something bad is going to happen to you?	Yes/No	
7	Do you feel happy most of the time?	Yes/No	
8	Do you often feel helpless?	Yes/No	
9	Do you prefer to stay at home, rather than going out and doing new things?	Yes/No	
10	Do you feel you have more problems with memory than most people?	Yes/No	
11	Do you think it is wonderful to be alive?	Yes/No	
12	Do you feel pretty worthless the way you are now?	Yes/No	
13	Do you feel full of energy?	Yes/No	
14	Do you feel that your situation is hopeless?	Yes/No	
15	Do you think that most people are better off than you are?	Yes/No	
		TOTAL	

GERIATRIC DEPRESSION SCALE: SHORT FORM

1	क्या आप मूल रूप से अपनी ज़िंदगी से संतुष्ट हैं?	हाँ /नहीं	
2	क्या आपने अपनी कई गतिविधियां और रूचिओं को छोड़ दिया है?	हाँ /नहीं	
3	क्या आपको लगता है कि आपके जीवन में खालीपन है?	हाँ /नहीं	
4	क्या आप अक्सर ऊब जाते हैं?	हाँ /नहीं	
5	क्या आप ज्यादातर समय में अच्छे उत्साह में रहते हैं?	हाँ /नहीं	
6	क्या आपको डर लगता है कि आपके साथ कुछ बुरा होने जा रहा है?	हाँ /नहीं	
7	क्या आप अधिकतम समय खुशी अनुभव करते हैं?	हाँ /नहीं	
8	क्या आप अक्सर असहाय महसूस करते हैं?	हाँ /नहीं	
9	क्या आप बाहर जाने और नई चीजें करने के बजाय घर पर रहना पसंद करते हैं?	हाँ /नहीं	
10	क्या आपको लगता है कि आपको सबसे अधिक समस्याएं याददाश्त संबंधी हैं?	हाँ /नहीं	
11	क्या आपको लगता है कि जिंदा रहना बहुत अद्भुत है? ?	हाँ /नहीं	
12	क्या आप इस समय जिस स्थिति में हैं अपने आप को बहुत बेकार महसूस करते हैं?	हाँ /नहीं	
13	क्या आप महसूस करते हैं कि आप ऊर्जा से भरपूर हैं?	हाँ /नहीं	
14	क्या आपको लगता है कि आपकी स्थिति निराशाजनक है?	हाँ /नहीं	
15	क्या आपको लगता है कि ज्यादातर लोगों की हालत आप से बेहतर हैं?	हाँ /नहीं	
		कुल	

GERIATRIC DEPRESSION SCALE: SHORT FORM

1	ਕੀ ਤੁਸੀਂ ਮੂਲ ਰੂਪ ਵਿੱਚ ਆਪਣੀ ਜ਼ਿੰਦਗੀ ਤੋਂ ਸੰਤੁਸ਼ਟ ਹੋ?	ਹਾਂ / ਨਹੀਂ	
2	ਕੀ ਤੁਸੀਂ ਆਪਣੀਆਂ ਕਈ ਗਤੀਵਿਧੀਆਂ ਅਤੇ ਰੁਚੀਆਂ ਛੱਡ ਦਿੱਤੀਆਂ ਹਨ?	ਹਾਂ / ਨਹੀਂ	
3	ਕੀ ਤੁਹਾਨੂੰ ਲਗਦਾ ਹੈ ਕੀ ਤੁਹਾਡੀ ਜ਼ਿੰਦਗੀ ਵਿੱਚ ਖਾਲੀਪਣ ਹੈ?	ਹਾਂ / ਨਹੀਂ	
4	ਕੀ ਤੁਸੀਂ ਅਕਸਰ ਅੱਕ ਜਾਂਦੇ ਹੋ?	ਹਾਂ / ਨਹੀਂ	
5	ਕੀ ਤੁਸੀਂ ਜ਼ਿਆਦਾਤਰ ਸਮਾਂ ਚੜ੍ਹਦੀਆਂ ਕਲਾਂ ਚ ਰਹਿੰਦੇ ਹੋ?	ਹਾਂ / ਨਹੀਂ	
6	ਕੀ ਤੁਹਾਨੂੰ ਡਰ ਹੈ ਕਿ ਤੁਹਾਡੇ ਨਾਲ ਕੁਝ ਬੁਰਾ ਹੋਣ ਵਾਲਾ ਹੈ?	ਹਾਂ / ਨਹੀਂ	
7	ਕੀ ਤੁਸੀਂ ਜ਼ਿਆਦਾਤਰ ਸਮਾਂ ਖੁਸ਼ੀ ਮਹਿਸੂਸ ਕਰਦੇ ਹੋ?	ਹਾਂ / ਨਹੀਂ	
8	ਕੀ ਤੁਸੀਂ ਅਕਸਰ ਲਾਚਾਰ ਮਹਿਸੂਸ ਕਰਦੇ ਹੋ?	ਹਾਂ / ਨਹੀਂ	
9	ਕੀ ਤੁਸੀਂ ਬਾਹਰ ਜਾਣ ਅਤੇ ਨਵੀਆਂ ਚੀਜ਼ਾਂ ਕਰਨ ਦੀ ਬਜਾਏ ਘਰ ਵਿਚ ਰਹਿਣਾ ਪਸੰਦ ਕਰਦੇ ਹੋ?	ਹਾਂ / ਨਹੀਂ	
10	ਕੀ ਤੁਹਾਨੂੰ ਮਹਿਸੂਸ ਹੁੰਦਾ ਹੈ ਕਿ ਯਾਦਦਾਸ਼ਤ ਸੰਬੰਧੀ ਤੁਹਾਨੂੰ ਕਈਆਂ ਨਾਲੋਂ ਬਹੁਤ ਜਿਆਦਾ ਸਮੱਸਿਯਾਵਾਂ ਹਨ?	ਹਾਂ / ਨਹੀਂ	
11	ਕੀ ਤੁਹਾਨੂੰ ਲਗਦਾ ਹੈ ਕਿ ਜਿੰਦਾ ਰਹਿਣਾ ਬਹੁਤ ਸ਼ਾਨਦਾਰ ਹੈ?	ਹਾਂ / ਨਹੀਂ	
12	ਕੀ ਤੁਸੀਂ ਹੁਣ ਦੀ ਹਾਲਤ ਵਿੱਚ ਆਪਣੇ ਆਪ ਨੂੰ ਬਹੁਤ ਵਿਅਰਥ ਮਹਿਸੂਸ ਕਰਦੇ ਹੋ?	ਹਾਂ / ਨਹੀਂ	
13	ਕੀ ਤੁਸੀਂ ਊਰਜਾ ਨਾਲ ਭਰਪੂਰ ਮਹਿਸੂਸ ਕਰਦੇ ਹੋ?	ਹਾਂ / ਨਹੀਂ	
14	ਕੀ ਤੁਹਾਨੂੰ ਮਹਸੂਸ ਹੁੰਦਾ ਹੈ ਕਿ ਤੁਹਾਡੀ ਸਥਿਤੀ ਨਿਰਾਸ਼ਾਜਨਕ ਹੈ?	ਹਾਂ / ਨਹੀਂ	
15	ਕੀ ਤੁਸੀਂ ਸੋਚਦੇ ਹੈ ਕਿ ਜਿਆਦਾਤਰ ਲੋਕਾਂ ਦੀ ਹਾਲਤ ਤੁਹਾਡੇ ਨਾਲੋਂ ਬਿਹਤਰ ਹੈ?	ਹਾਂ / ਨਹੀਂ	
		ਕੁੱਲ	

SECTION 6: SOCIAL SUPPORT AND RELATIONS:

A. SOCIAL RELATIONS AND INTERACTIONS

1. Who will listen to you when you need to talk?
   a) Spouse or children
   b) Friends or relatives
   c) Neighbours
   d) No one
2. Who will help you most in your crisis?
   a) Spouse or children
   b) Friends or relatives
   c) Neighbours
   d) No one
3. Who will comfort you when you need it?
   a) Spouse or children
   b) Friends or relatives
   c) Neighbours
   d) No one

B. SOCIAL RELATION AND INTERACTION

1. Are you the head of the family now?
   a) Yes
   b) No
2. Do you have any role in the family?
   a) Yes
   b) No
3. Does anybody depend on you?
   a) Yes
   b) No
4. Do you have any domestic responsibility?
   a) Yes
   b) No
5. Do you have any leisure time for activities?
   1) Yes
   2) No

C. SOCIAL SUPPORT

1. Whom do you depend on for physical support?
   a) Spouse or children
   b) Friends or relatives
   c) Neighbours
   d) None
2. Whom do you depend on for economic support?

a) Spouse or children
b) Friends or relatives
c) Neighbours
d) Self
e) Religious institutions

3. Whom do you like to stay with?
   a) Spouse or children
   b) Friends or relatives
   c) Neighbours
   d) None
4. How often your children visit you?
   a) Often
   b) Sometimes
   c) Never
5. How often your relatives visit you?
   a) Often
   b) Sometimes
   c) Never
6. Do you visit your neighbours?
   a) Often
   b) Sometimes
   c) Never
7. Do you participate in social gatherings?
   a) Often
   b) Sometimes
   c) Never
8. Do you visit places of worship?
   a) Often
   b) Sometimes
   c) Never

SECTION 7: ELDER ABUSE QUESTIONNAIRE

1. Have you ever been physically harmed in any way by anyone at home? Yes/No
2. Have you been called by bad names at home? Yes/No
3. Have you ever been yelled at by anyone at home? Yes/No
4. Has your money/property or assets been used against your will? Yes/No
5. Do have an access to your own money/property at home ?Yes/No
6. Does your family keeps you starving for long periods? Yes/No
7. Does your family keeps you aloof and not involve in important decision making? Yes/No

SECTION 8: **HEALTH CARE SEEKING BEHAVIOUR**

1. Preference of type of treatment
   a) Ayurveda
   b) Homeopathy
   c) Allopathy
   d) Home remedy
   e) Seeks no treatment
   f) Others(specify):

2. Health care facility availed when sick:
   a) Government- Subcentre/PHC/CHC/Hospital
   b) Private- Clinic/hospital
   c) Quack
   d) Faith healer
   e) Over the counter drugs /chemist
   f) Others(specify):

   If not utilizing the government health care facilities, why?
   a) Unaware
   b) Lack of doctors
   c) Lack of medicines
   d) Poor attitude of health care providers
   e) Distant from home
   f) High expenditure
   g) No one to accompany
   h) Disease due to age factor
   i) Others(specify)

3. Distance of health care facility from home?
4. Transportation available: Yes/No
5. Time taken to reach the facility?
6. Accompanying person for seeking health care?
   a) Family member
   b) Neighbour
   c) No one
   d) Others(specify):

7. Have you been prescribed a medicine on routine basis?
   1. Yes 2. No

   If Yes: adherence to the medication
   1. Regular
   2. Irregular due to:
      a) Financial issues

b) Forgets sometimes

c) Takes only on recurrence of symptoms

d) Inconvenient to take on regular basis

e) Others (specify):

8. Indulges in self-medication?

    1. Yes
    2. No

9. Did you change your treating physician?
    1. Yes

    If yes, a) When:
    b) Why:
    c) Do you frequently change your physician?

    2. No

10. Adoption of any life style modification measures along with treatment?
    1. Yes
    If yes, are you following it- a) regularly

    b) Irregularly
    2. No

11. What is average medical expenditure per month?
    1. Expenditure on consultation
    2. Expenditure on medicine
12. Medical expenditure borne by?
    1. Self
    2. Family
    3. Others(specify)

SECTION 9:HEALTH INSURANCE BY ELDERLY

1. Are you aware of any health insurance scheme? Yes/No
2. If yes specify 1. Government 2.Private
3. Have you been enrolled in any health insurance scheme? Yes/No

IF YES, PART A:

a) Specify the scheme
   1. Government initiated health insurance schemes
   2. Private health insurance scheme
   3. Job related health insurance
   4. Others(specify)

b) What was the source of information?
   1. TV
   2. Newspaper
   3. Family members
   4. Friends
   5. Health workers
   6. Colleagues
   7. Insurance agents
   8. Others(specify)

c) What type of health insurance is it?
   1. Individual health insurance
   2. Family floater health insurance
   3. Others(specify)

d) Reasons for availing it
   1. Free of cost or reduced cost benefits of scheme
   2. Protection against many illnesses
   3. Availability of tax benefits
   4. Under pressure of insurance agents
   5. Availed by friends/relatives
   6. Others(specify)

e) How much do you pay yearly for the scheme?

f) Have you availed the benefits of scheme? Yes/No

   If yes: When did you avail it last time?
   For what purpose did you use it?

   If no: specify the reason

IF NO, PART B:

a) Reasons for not taking health insurance scheme?
   1. Unawareness
   2. Not required
   3. No illness
   4. No financial constraint
   5. Low income
   6. Not taken by any friends or relatives
   7. Narrow policy options
   8. Others(specify)

P.G.I. QUALITY OF LIFE SCALE (REVISION FORM)
(A.C. MOUDGIL, S.K. VERMA & KULDIP KAUR)

सीरियल नं.	पहला	दूसरा	तीसरा	चौथा	पाँचवाँ
1 मन पसन्द काम के लिए समय	बिल्कुल नहीं मिला		थोड़ा बहुत मिला		जरूरत से भी ज्यादा मिला ।
2 परेशानियां	बहुत ज्यादा हैं		थोड़ी बहुत हैं।		बिल्कुल भी नहीं हैं।
3 मिला–जुलना (सामाजिक)	बिल्कुल भी नहीं है।		थोड़ा बहुत है ।		बहुत अच्छा है।
4 अपने बच्चों के साथ सम्बन्ध	बहुत ही खराब है।		थोड़ा बहुत ठीक है।		बिल्कुल ठीक है।
5 पति–पत्नी के सम्बन्ध	बहुत ही खराब हैं।		थोड़ा बहुत ठीक हैं।		बिल्कुल ठीक हैं।
6बहिन भाईयों के आपसी सम्बन्ध	बहुत ही खराब हैं।		थोड़ा बहुत ठीक हैं।		बिल्कुल ठीक हैं।
7 बहिन भाईयों के साथ आपके सम्बन्ध	बहुत ही खराब हैं।		थोड़ा बहुत ठीक हैं।		बिल्कुल ठीक हैं।
8 अपने–आप को महसूस करना	बहुत खराब महसुस करते हैं।		थोड़ा बहुत ठीक महसुस करते हैं।		बिल्कुल ठीक महसुस करते हैं।
9. जरूरतें (खाने–पीने, आने–जाने, पहनने–औढ़ने, रहने व धन आदि की)	बिल्कुल ही पूरी नहीं होतीं।		थोड़ी बहुत पूरी होती हैं।		जरुरत से ज्यादा पूरी होती हैं।
10 मन की शांति	बिल्कुल नहीं है।		थोड़ी बहुत है।		पूरी शाँती है।
11 जिन्दगी में दिलचस्पी	बिल्कुल नहीं है।		थोड़ी बहुत है।		बहुत ही ज्यादा है।
12 समाज में आदर–सत्कार	बिल्कुल नहीं मिलता		थोड़ा बहुत मिलता है।		जरुरत से ज्यादा मिलता है।
13 अपने–आपको खतरा (नौकरी, पैसे, जान–माल, आदि का)	बहुत ज्यादा है।		थोड़ा बहुत है।		बिल्कुल भी नहीं है।

14 जिन्दगी में खुशियां	बिल्कुल नहीं मिलीं	थोड़ी बहुत हैं।	जरुरत से ज्यादा मिलीं।
15 आपको दुःख	दुसरों के दुखों से ज्यादा है।	दुसरों के दुखों से कम है।	बिल्कुल भी नहीं है।
16 अपने आपकी जरूरत	बिल्कुल नहीं समझते।	थोड़ी बहुत समझते हैं।	बहुत ज्यादा समझते हैं।
17 अपने अन्दर कमी महसूस	बहुत ज्यादा है।	थोड़ी बहुत करते हैं।	बिल्कुल भी नहीं करते।
18 नई–नई चीजों को जानने की इच्छा	बिल्कुल नहीं करते।	थोड़ी बहुत करते हैं।	बहुत ही ज्यादा करते हैं।
19 नई–नई चीज़ों के बारे में जानने के लिए समय	बिल्कुल नहीं मिलता	थोड़ा बहुत मिलता है।	बहुत ही ज्यादा मिलता है।
20 आप किसी के ऊपर निर्भर	बिल्कुल नहीं करते।	थोड़ा बहुत करते हैं।	बहुत ज्यादा करते हैं।
21 जिन्दगी में आप किस्मत वाले/वाली	बिल्कुल नहीं रहेध रहीं।	थोड़ा बहुत रहेध रहीं।	बहुत ही ज्यादा रहेध रहीं।
22) कोई काम करते निर्णय लेने के आप किसी के ऊपर निर्भर	बहुत ज्यादा करते है।	थोड़ा बहुत करते है।	बिल्कुल भी नहीं करते।

SECTION 10: P.G.I. QUALITY OF LIFE SCALE (REVISED FORM)

A.C. MOUDGIL, S.K. VERMA & KULDIP KAUR

ਸੀਰੀਅਲ ਨੰਬਰ	ਪਹਿਲਾ	ਦੂਜਾ	ਤੀਜਾ	ਚੋਥਾ	ਪੰਜਵਾਂ
1 ਮਨਪਸੰਦ ਕੰਮ ਦੇ ਲਈ ਸਮਾਂ	ਬਿਲਕੁਲ ਨਹੀਂ ਮਿਲਿਆ |		ਥੋੜਾ ਬਹੁਤ ਮਿਲਿਆ |		ਜ਼ਰੂਰਤ ਤੋਂ ਜਿਆਦਾ ਮਿਲਿਆ |
2 ਪਰੇਸ਼ਾਨੀਆਂ	ਬਹੁਤ ਜਿਆਦਾ ਹਨ |		ਥੋੜੀਆਂ ਬਹੁਤ ਹਨ |		ਬਿਲਕੁਲ ਨਹੀਂ ਹੈ |
3 ਮਿਲਣਾ – ਜੁਲਣਾ ਸਮਾਜਿਕ	ਬਿਲਕੁਲ ਨਹੀਂ ਹੈ |		ਥੋੜਾ ਬਹੁਤ ਹੈ |		ਬਹੁਤ ਵਧੀਆ ਹੈ |
4 ਆਪਣੇ ਬਚਿਆਂ ਨਾਲ ਸੰਬੰਧ	ਬਹੁਤ ਹੀ ਖਰਾਬ ਹੈ |		ਥੋੜਾ ਬਹੁਤ ਠੀਕ ਹੈ |		ਬਿਲਕੁਲ ਠੀਕ ਹੈ |
5 ਪਤੀ – ਪਤਨੀ ਦੇ ਸੰਬੰਧ	ਬਹੁਤ ਹੀ ਖਰਾਬ ਹਨ |		ਥੋੜਾ ਬਹੁਤ ਠੀਕ ਹੈ |		ਬਿਲਕੁਲ ਠੀਕ ਹੈ |
6 ਭੈਣਾਂ – ਭਰਾਵਾਂ ਦੇ ਆਪਸੀ ਸੰਬੰਧ	ਬਹੁਤ ਹੀ ਖਰਾਬ ਹਨ |		ਥੋੜੇਬਹੁਤ ਠੀਕ ਹਨ |		ਬਿਲਕੁਲ ਠੀਕ ਹਨ |
7 ਭੈਣਾਂ – ਭਰਾਵਾਂ ਦੇ ਨਾਲ ਤੁਹਾਡੇ ਸੰਬੰਧ	ਬਹੁਤ ਹੀ ਖਰਾਬ ਹਨ |		ਥੋੜੇਬਹੁਤ ਠੀਕ ਹਨ |		ਬਿਲਕੁਲ ਠੀਕ ਹਨ |
8 ਆਪਣੇ ਆਪ ਨੂੰ ਮਹਿਸੂਸ ਕਰਨਾ	ਬਹੁਤ ਖਰਾਬ ਮਹਿਸੂਸ ਕਰਦਾ ਹਾਂ |		ਥੋੜਾ ਬਹੁਤ ਠੀਕ ਮਹਿਸੂਸ ਕਰਦਾ ਹਾਂ |		ਬਿਲਕੁਲ ਠੀਕ ਮਹਿਸੂਸ ਕਰਦਾ ਹਾਂ |
9 ਜਰੂਰਤਾਂ (ਖਾਣ-ਪੀਣ,ਆਣ-ਜਾਣ, ਪਹਿਨਣ-ਓੜਨ, ਰਹਿਣ ਤੇ ਧਨ ਆਦਿ ਦੀ)	ਬਿਲਕੁਲ ਹੀ ਪੂਰੀਆਂ ਨਹੀਂ ਹੁੰਦੀਆਂ |		ਥੋੜੀਆਂ ਬਹੁਤ ਪੂਰੀਆਂ ਹੁੰਦੀਆਂ ਹਨ |		ਜ਼ਰੂਰਤ ਤੋਂ ਜਿਆਦਾ ਪੂਰੀਆਂ ਹੁੰਦੀਆਂ ਹਨ |
10 ਮਨ ਦੀ ਸ਼ਾਂਤੀ	ਬਿਲਕੁਲ ਨਹੀਂ ਹੈ |		ਥੋੜੀ ਬਹੁਤ ਹੈ |		ਪੂਰੀ ਸ਼ਾਂਤੀ ਹੈ |
11 ਜ਼ਿੰਦਗੀ ਵਿੱਚ ਦਿਲਚਸਪੀ	ਬਿਲਕੁਲ ਨਹੀਂ ਹੈ |		ਥੋੜੀ ਬਹੁਤ ਹੈ |		ਬਹੁਤ ਹੀ ਜਿਆਦਾ ਹੈ |
12 ਸਮਾਜ ਵਿੱਚ ਆਦਰ-ਸਤਕਾਰ	ਬਿਲਕੁਲ ਨਹੀਂ ਮਿਲਦਾ |		ਥੋੜਾ ਬਹੁਤ ਮਿਲਦਾ ਹੈ |		ਜ਼ਰੂਰਤ ਤੋਂ ਜਿਆਦਾ ਮਿਲਦਾ ਹੈ |
13 ਆਪਣੇ- ਆਪ ਨੂੰ ਖਤਰਾ (ਨੋਕਰੀ,	ਬਹੁਤ ਜਿਆਦਾ ਹੈ |		ਥੋੜਾ ਬਹੁਤ ਹੈ |		ਬਿਲਕੁਲ ਵੀ ਨਹੀਂ ਹੈ |

ਪੈਸੇ, ਜਾਨ- ਮਾਲ ਆਦਿ ਦਾ)			
14 ਜ਼ਿੰਦਗੀ ਵਿੱਚ ਖੁਸ਼ੀਆਂ	ਬਿਲਕੁਲ ਨਹੀਂ ਮਿਲੀਆਂ |	ਥੋੜੀਆਂ ਬਹੁਤ ਹਨ |	ਜ਼ਰੂਰਤ ਤੋਂ ਜਿਆਦਾ ਮਿਲੀਆਂ |
15 ਆਪ ਨੂੰ ਦੁਖ	ਦੂਸਰਿਆਂ ਦੇ ਦੁਖਾਂ ਤੋਂ ਜਿਆਦਾ ਹੈ |	ਦੂਸਰਿਆਂ ਦੇ ਦੁਖਾਂ ਤੋਂ ਘਟ ਹੈ |	ਬਿਲਕੁਲ ਵੀ ਨਹੀਂ ਹੈ |
16 ਆਪਣੇ ਆਪ ਦੀ ਜ਼ਰੂਰਤ	ਬਿਲਕੁਲ ਨਹੀਂ ਸਮਝਦੇ |	ਥੋੜੀ ਬਹੁਤ ਸਮਝਦਾ ਹਾਂ |	ਬਹੁਤ ਜਿਆਦਾ ਸਮਝਦਾ ਹਾਂ
17 ਆਪਣੇ ਅੰਦਰ ਕਮੀ ਮਹਿਸੂਸ	ਬਹੁਤ ਜਿਆਦਾ ਹੈ |	ਥੋੜੀ ਬਹੁਤ ਕਰਦੇ ਹਾਂ |	ਬਿਲਕੁਲ ਨਹੀਂ ਕਰਦੇ |
18 ਨਵੀਆਂ ਨਵੀਆਂ ਚੀਜਾਂ ਦੇ ਬਾਬਤ ਜਾਣਨ ਦੀ ਇੱਛਾ	ਬਿਲਕੁਲ ਨਹੀਂ ਕਰਦੇ |	ਥੋੜੀ ਬਹੁਤ ਕਰਦੇ ਹਾਂ |	ਬਹੁਤ ਹੀ ਜਿਆਦਾ ਕਰਦੇ ਹਾਂ |
19 ਨਵੀਆਂ-ਨਵੀਆਂ ਚੀਜਾਂ ਦੇ ਬਾਬਤ ਜਾਣਨ ਲਈ ਸਮਾਂ	ਬਿਲਕੁਲ ਨਹੀਂ ਮਿਲਦਾ |	ਥੋੜਾ ਬਹੁਤ ਮਿਲਦਾ ਹੈ |	ਬਹੁਤ ਹੀ ਜਿਆਦਾ ਮਿਲਦਾ ਹੈ|
20 ਆਪ ਕਿਸੇ ਦੇ ਉੱਤੇ ਨਿਰਭਰ	ਬਿਲਕੁਲ ਨਹੀਂ ਕਰਦੇ |	ਥੋੜਾ ਬਹੁਤ ਕਰਦੇ ਹਾਂ	ਬਹੁਤ ਜਿਆਦਾ ਕਰਦੇ ਹਾਂ |
21 ਜ਼ਿੰਦਗੀ ਵਿੱਚ ਤੁਸੀਂ ਕਿਸਮਤ ਵਾਲੇ/ਵਾਲੀ	ਬਿਲਕੁਲ ਨਹੀਂ ਰਹੇ /ਰਹੀ |	ਥੋੜਾ ਬਹੁਤ ਰਹੇ /ਰਹੀ |	ਬਹੁਤ ਜਿਆਦਾ ਰਹੇ / ਰਹੀ |
22 ਕੋਈ ਕੰਮ ਕਰਨ ਵੇਲੇ ਫੈਸਲਾ ਲੇੱਣ ਵਿੱਚ ਆਪ ਕਿਸੇ ਤੇ ਨਿਰਭਰ	ਬਹੁਤ ਜਿਆਦਾ ਕਰਦੇ ਹਾਂ |	ਥੋੜਾ ਬਹੁਤ ਕਰਦੇ ਹਾਂ |	ਬਿਲਕੁਲ ਵੀ ਨਹੀਂ ਕਰਦੇ |

INFORMED PATIENT CONSENT

Date: _____

I.....D/o, W/o, S/o..... .....am willing to participate in the study **"HEALTH STATUS AND HEALTH CARE SEEKING BEHAVIOUR OF ELDERLY IN A RURAL AREA OF LUDHIANA: A COMMUNITY BASED STUDY"** The procedure with its complications has been explained to me in local vernacular language. I have fully understood that no special tests and extra expenditure in any form, merely for the purpose of thesis is being carried out. I am free to opt out the study any time without assigning any reason.

....

Signature of the Witness Signature of the patient

Name:

Signature of Candidate **Signature of Supervisor**

मरीज अनुमति फार्म

तिथि _____

मैं _____ पत्नी/पुत्र/पुत्री _____

निवासी _____

इस शोधकार्य **"HEALTH STATUS AND HEALTH CARE SEEKING BEHAVIOUR OF ELDERLY IN A RURAL AREA OF LUDHIANA: A COMMUNITY BASED STUDY"** में भाग लेने के लिए सहमत हूँ। मैं इस शोधकार्य में भाग लेने के लिए अपनी स्वेच्छा से तैयार हूँ। मैं पुष्टि करता/करती हूँ की यह स्वीकृति देने के लिए मुझे कोई आर्थिक प्रलोभन नहीं दिया गया और न ही दबाव डाला गया है। मुझे इस शोधकार्य का उद्देश्य स्पष्ट कर दिया गया है और मुझे यह विश्वास है की यह विज्ञान और मानवता के लाभ के लिए है। मुझे इस शोधकार्य में होने वाले जोखिम के बारे में समझा दिया गया है और मेरी समझ में यह जोखिम बहुत मामुली है।

मैं इस शोधकार्य में भाग लेने के सम्बन्ध में किसी भी समय अपनी अस्वीकृति व्यक्त कर सकता/सकती हूँ और मेरे अस्वीकृति व्यक्त करने का मेरे इलाज पर कोई प्रभाव नहीं पड़ेगा।

_____ _____

गवाह के हस्ताक्षर रोगी के हस्ताक्षर/अंगूठे का निशान

नाम: नाम:

_____

अन्वेषक के हस्ताक्षर

_____

विद्यार्थी के हस्ताक्षर

ਮਰੀਜ਼ ਰਜ਼ਾਮੰਦੀ ਫਾਰਮ

ਮਿਤੀ_____

ਮੈ_____ਪਤਨੀ/ਪੁੱਤਰ/ਪੁੱਤਰੀ_____

ਵਾਸੀ _____

"HEALTH STATUS AND HEALTH CARE SEEKING BEHAVIOUR OF ELDERLY IN A RURAL AREA OF LUDHIANA: A COMMUNITY BASED STUDY" ਤੇ ਚਲ ਰਹੀ ਖੋਜ ਵਿਚ ਹਿੱਸਾ ਲੈਣ ਲਈ ਰਜ਼ਾਮੰਦ ਹਾਂ। ਇਸ ਖੋਜ ਕੰਮ ਵਿਚ ਹਿੱਸਾ ਲੈਣ ਲਈ ਮੈ ਆਪਣੀ ਮਰਜ਼ੀ ਨਾਲ ਤਿਆਰ ਹਾਂ। ਮੈ ਇਹ ਦਸਣਾ ਚਾਹੁੰਦਾ ਹਾਂ/ ਚਾਹੁੰਦੀ ਹਾਂ ਕੇ ਇਹ ਰਜ਼ਾਮੰਦੀ ਦੇਣ ਵਾਸਤੇ ਮੈਨੂ ਕਿਸੇ ਵੀ ਤਰਾਂ ਦਾ ਲੋਭ-ਲਾਲਚ ਨਹੀ ਦਿੱਤਾ ਗਿਆ ਅਤੇ ਨਾ ਹੀ ਕੋਈ ਦਬਾ ਪਾਇਆ ਗਿਆ ਹੈ। ਮੈਨੂ ਇਸ ਖੋਜ ਦਾ ਮਨੋਰਥ ਸਮਝਾ ਦਿੱਤਾ ਗਿਆ ਹੈ ਅਤੇ ਮੈਨੂ ਇਹ ਭਰੋਸਾ ਦਵਾਇਆ ਗਿਆ ਹੈ ਕੇ ਇਹ ਖੋਜ ਵਿਗਿਆਨ ਅਤੇ ਮਾਨਵਤਾ ਦੀ ਭਲਾਈ ਲਈ ਹੈ। ਮੈਨੂ ਇਸ ਖੋਜ ਵਿਚ ਹੋਣ ਵਾਲੇ ਖਤਰੇ ਬਾਰੇ ਸਮਝਾ ਦਿੱਤਾ ਗਿਆ ਹੈ ਅਤੇ ਮੈਨੂ ਇਹ ਯਕੀਨ ਹੈ ਕੇ ਇਹ ਖਤਰਾ ਬਹੁਤ ਮਾਮੂਲੀ ਹੈ। ਮੈਨੂ ਇਸ ਖੋਜ ਕੰਮ ਵਿਚ ਹਿੱਸਾ ਲੈਣ ਦਾ ਢੰਗ – ਤਰੀਕਾ ਸਮਝਾ ਦਿੱਤਾ ਗਿਆ ਹੈ।

ਮੈ ਇਸ ਖੋਜ ਕੰਮ ਵਿਚ ਹਿੱਸਾ ਲੈਣ ਬਾਰੇ ਆਪਣੀ ਰਜ਼ਾਮੰਦੀ ਕਿਸੇ ਵੀ ਸਮੇ ਵਾਪਸ ਲੈ ਸਕਦਾ ਹਾਂ/ ਸਕਦੀ ਹਾਂ ਅਤੇ ਮੇਰੀ ਰਜ਼ਾਮੰਦੀ ਵਾਪਸ ਲੈਣ ਦਾ ਮੇਰੇ ਇਲਾਜ ਤੇ ਕੋਈ ਅਸਰ ਨਹੀ ਹੋਵੇਗਾ।

_____ _____

ਗਵਾਹ ਦੇ ਹਸਤਾਖਰ ਮਰੀਜ਼ ਦੇ ਹਸਤਾਖਰ

ਮਿਤੀ_____ ਮਿਤੀ_____

ਪਤਾ _____ ਪਤਾ _____

_____

ਨਿਰੀਖਕ ਦੇ ਹਸਤਾਖਰ

_____

ਸਿਖਿਆਰਥੀ ਦੇ ਹਸਤਾਖਰ